

**CBHFA
PMER
2013**

Planning Monitoring Evaluation and Reporting (PMER) Toolkit for

Community-Based Health and First Aid (CBHFA)



with support of



BritishRedCross



Norwegian Red Cross



Finnish Red Cross



Swedish Red Cross

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Abbreviations

CBHFA	Community Based Health and First Aid
CHC	Community Health Committee
FWRS	Federation Wide Reporting System
HH	Household
ITT	Indicator tracking table
LLIN	Long lasting insecticide-treated nets
M&E	Monitoring and evaluation
NS	National Society
PMER	Planning Monitoring Evaluation and Reporting

CBHFA PMER Toolkit Overview

Introduction

What	This toolkit deals with the basics of setting up and using a monitoring and evaluation system for a community health programmes using CBHFA approach. It clarifies what monitoring and evaluation are, how you plan to do them, and how you design a system that helps you monitor and an evaluation process that brings it all together usefully. It helps in selecting appropriate indicators for various CBHFA topics and tools to measure them.
Why	The objective of the toolkit is to help NS and CBHFA managers to effectively plan, implement and report community health programmes. This document presents an overview of the components of the CBHFA PMER toolkit and their potential use.
Who	This toolkit should be useful to anyone working in CBHFA, who is concerned about the efficiency, effectiveness and impact of the work of the programme
When	This toolkit will be useful: <ul style="list-style-type: none"> ▪ in planning and designing ▪ in preparing logframes ▪ in selecting appropriate indicators for CBHFA ▪ in setting up monitoring and reporting systems for CBHFA ▪ in evaluation (baseline and endline) of CBFHA

How this document is arranged:

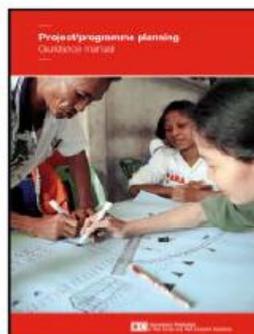
All the tools/templates presented in this document are discussed in the following manner:

What	What is this tool/template about
Why	Why this tool/template is required, the importance of the tool/template
Who	Who can use this tool/template
When	When this tool/template should be used

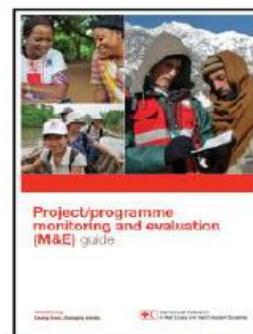
Further information on PMER can be obtained in the IFRC *Project/Programme Planning (PPP) Guidance Manual* and *IFRC Project/Programme Monitoring and Evaluation (M&E) Guide*. Both resources can be accessed online at:

<http://www.ifrc.org/mande> and <https://fednet.ifrc.org/en> (go to National Society Knowledge Development > Planning & Evaluation). The non-public website is accessible only to registered IFRC members and partners. It includes an

extensive inventory of PMER resources, including PMER training resources.



[Project/Programme Planning \(PPP\) Guidance Manual](#)



[Project/Programme Monitoring and Evaluation \(M&E\) Guide](#)

CHECKLIST: CBHFA tools/templates:

Planning tools/templates:

- Concept paper template
- Proposal template
- Logframe template
- CBHFA Indicator guide
- M&E plan template
- Plan of action template

Monitoring tools/templates:

- Volunteer record book
- Volunteer's home visits guide
- Supportive supervision checklist
- Community Health Committee visit and community satisfaction checklist

Evaluation tools/templates:

- Survey questionnaire
- Survey Data Entry

Reporting tools/templates:

- Community level monthly report
- Community progress report – reporting back to community
- Branch monthly report
- Indicator Tracking Table

1. Planning tools/templates:

Planning is a process to define an intervention's intended results (objectives), the inputs and activities needed to accomplish them, the indicators to measure their achievement, and the key assumptions that can affect the achievement of the intended results (objectives). Planning takes into consideration the needs, interests, resources, mandates and capacities of the implementing organization and various stakeholders. At the end of the planning phase, a project plan is produced and ready to implement.

The following templates are recommended to help develop a community health programmes using CBHFA approach:

1.1. Concept paper template

What	A template to present a snapshot of the proposed CBHFA project
Why	This helps in understanding basic project information such as targeted people, geographical area etc.
Who	Programme manager
When	At the early stage of project proposal development

[Link to Concept paper template](#)

1.2. Proposal template

What	A project proposal template
Why	This template provides an outline of the key elements of a proposed new project and the justification necessary for management and technical staff to decide whether the proposal merits resource mobilization.
Who	Programme manager
When	After agreement on the concept paper

[Link to proposal template](#)

1.3. Logframe template

What	The CBHFA logframe matrix consists of a table with three rows and four columns (activities planned separately in plan of action template), in which the key aspects of a project/programme are summarized. It sets out a logical sequence of cause-effect relationships based on the results chain/objectives hierarchy.
Why	The logframe is used not only for project/programme design, but also as the basis for implementation, monitoring and evaluation. It is a living document, which should be consulted and altered throughout the intervention's life cycle.
Who	Project team with partners
When	At the project design stage and to be reviewed periodically

[Link to logframe template](#)

Further detail on logframe terminology and development can be obtained in: *IFRC Project/Programme Planning (PPP) Guidance Manual, page 27, and an example of a completed logframe pages 40-41.* A logframe template in MS Word can be accessed on FedNet or at <http://www.ifrc.org/mande>

1.4. CBHFA indicator guide

What	This guide contains technical indicators related to various topics in line with CBHFA modules. The indicator guide also contains general indicators related to global reporting and capacity building of NS and communities.
Why	To have a ready reference and to standardise indicators across various CBHFA topics.
Who	It is critical that indicators are selected with the participation of those who will be using them.
When	At the beginning of project implementation

[Link to Indicator guide](#)

1.5. M&E plan template

What	An M&E plan is a matrix that expands a project’s logframe to detail key M&E requirements for each indicator and assumption.
Why	M&E planning is a critical part of project management. It encourages coordination within the M&E system, and therefore the project itself. An M&E system has a variety of interrelated activities, and its planning can ensure that these activities are complementary and mutually supportive, conducted in a timely manner, and that resources are adequately allocated and efficiently used for M&E.
Who	It is critical that the M&E plan is developed with the participation of those who will be using it. Completing the matrix requires detailed knowledge of the project and context provided by the local project team and partners.
When	M&E planning should begin during or immediately after the project design stage.

[Link to M&E plan template](#)

Further information about the development of an M&E plan can be obtained in: *IFRC Project/Programme Monitoring and Evaluation (M&E) guide, page 32, and Annex 8, pages 96-99 (M&E plan template, M&E plan example and instructions).*

An M&E plan template and instructions are available on FedNet or at <http://www.ifrc.org/mande>

1.6. Plan of action template

What	A plan of action (also called a “work plan”) is a document analysing and graphically presenting project/programme activities.
Why	<p>It helps to identify their logical sequence, expected duration and any dependencies that exist between activities, and provides a basis for allocating management responsibility.</p> <p>A plan of action helps to consider and determine:</p> <ul style="list-style-type: none">• What will happen• When, and for how long it will happen• In which order activities have to be carried out (dependencies)
Who	Project team
When	At the beginning of project implementation and to be reviewed periodically

[Link to Plan of action template](#)

Further information on the development of a plan of action can be obtained in: *IFRC Project/Programme Planning (PPP) Guidance Manual, page 42-43.*

2. Monitoring tools/templates:

Monitoring refers to the routine collection and analysis of information in order to track progress, check compliance and make informed decisions for project/programme management. It is aimed at improving the efficiency and effectiveness of a project or organisation. It is based on targets set and activities planned during the planning phases of work. It helps to keep the work on track, and can let management know when things are going wrong. If done properly, it is an invaluable tool for good management, and it provides a useful base for evaluation. It enables you to determine whether the resources you have available are sufficient and are being well used, whether the capacity you have is sufficient and appropriate, and whether you are doing what you planned to do.

The following tools are recommended to help monitor a community health programmes using CBHFA approach:

2.1. Volunteer record book

What	The volunteer record book is a tool (diary) to plan and record the level of effort by volunteers for the programme.
Why	CBHFA is delivered through volunteers in the community. Volunteers carry out various activities in the community for successful implementation of the programme.
Who	Volunteers
When	Weekly or monthly for planning and for all working days

[Link to Volunteer record book](#)

2.2. Home visit guide

What	The guides are a set of 8-10 questions on a specific topic. The question will give a logical flow of conversation with a household member. The tool kit contains three (Malaria, Diarrhoea, Tuberculosis) such guides as examples. NS can develop more such guidelines if needed.
Why	The guide will help the volunteer to remain focused during home visits and to ensure that he/she discusses all necessary issues related to the topic.
Who	Volunteers
When	For home visits, it will take about 10-15 minutes to conduct a home visit using this guide, so the number of visit per day should be planned keeping this in mind.

[Link to Home visit guide](#)

2.3. Supportive supervision checklist

What	This tool will help in qualitatively rating critical findings with supportive reasons for ratings. Good ratings can be used later to develop case studies and others can be used to discuss challenges and lessons.
Why	Field visits are a critical part of CBHFA implementation. Lots of field visits are undertaken by projects to help volunteers and field staff in organizing activities, monitoring project implementation and get feedback from volunteers and communities about the CBHFA process. It is important to structure these visits in order to pay attention to all critical elements of programme implementation.
Who	Project management staff, supervisors and M&E team
When	During field visits

[Link to Supportive supervision checklist](#)

2.4. Community Health Committee visit and community satisfaction checklist

What	A one page checklist to rate community health committees and to know about community satisfaction at project implementation
Why	In order to find out status of implementation of CBHFA it is important to monitor key issues at the community level from community health committee. During implementation it is important to have community feedback to improve project implementation as per their expectations and to get innovative ideas from the community itself to enhance project benefits.
Who	CBHFA branch coordinator ¹
When	Quarterly to each community (if resource does not permit do it in a few randomly selected communities)

[Link to Community Health Committee visit and community satisfaction checklist](#)

¹ Change as appropriate for the NS

3. Evaluation tools/templates:

Evaluation refers to the periodic collection and analysis of information that forms the basis of “an assessment, as systematic and objective as possible, of an on-going or completed project, programme or policy, its design, implementation and results. The aim is to determine the relevance and fulfilments of objectives, developmental efficiency, effectiveness, impact and sustainability. An evaluation should provide information that is credible and useful, enabling the incorporation of lessons learned into the decision-making process of both recipients and donors”.

The following tools are recommended to help evaluate a community health programmes using CBHFA approach:

3.1. Survey questionnaire

What	The questionnaire is arranged by topic and questions are numbered by topic. NS can pick topics of interest. However the cover page, background characteristics and exposure to Red Cross/Red Crescent should be included in all surveys. Only the most critical questions are included in the questionnaire in order to measure the indicators presented in the indicator guide. If additional indicators are included in the M&E plan, the questionnaire should be modified accordingly.
Why	To measure outcome indicators presented in the indicator guide.
Who	M&E team or person responsible for survey, programme manager.
When	During baseline and endline surveys.

[Link to survey questionnaire](#)

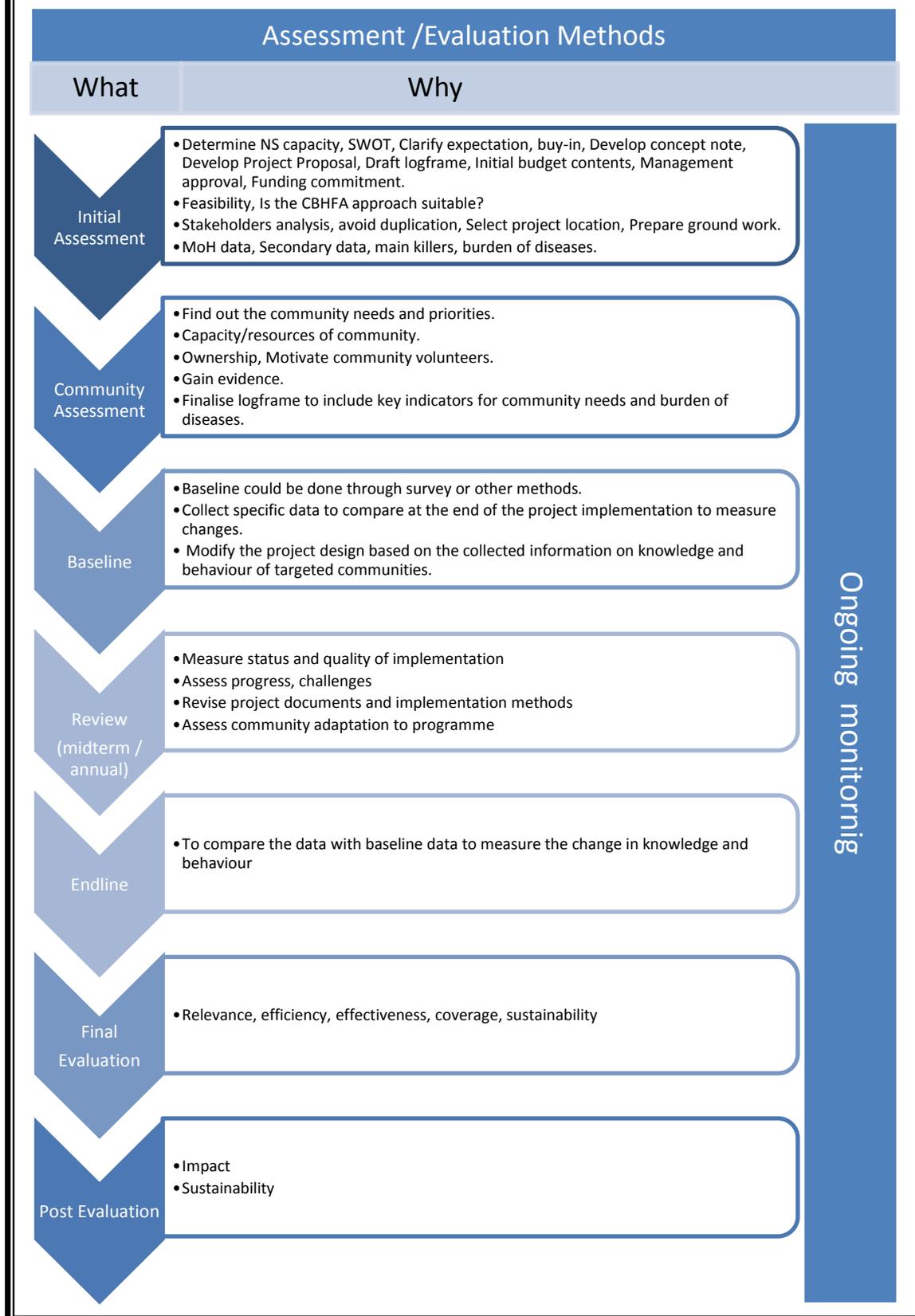
3.2. Survey Data Entry

What	A MS Excel-based package to enter and analyze survey data
Why	A computer based file will help in entering error free data to analyse them quickly in order to use information as soon as possible
Who	M&E Team or person responsible for survey
When	During baseline and endline survey

[See attached Excel file](#)

Further information on evaluation can be obtained from the IFRC *Project/Programme Monitoring and Evaluation (M&E) guide* and IFRC *Baseline Basics* at <http://www.ifrc.org/mande> or FedNet

Assessment and Evaluation method with project cycle



4. Reporting tools/templates:

Reporting is the most visible part of the M&E system, where collected and analysed data is presented as information for key stakeholders to use. Reporting is a critical part of M&E because no matter how well data may be collected and analysed, if it is not well presented it cannot be well used – which can be a considerable waste of valuable time, resources, and personnel.

The following tools are recommended to help report a community health programmes using CBHFA approach:

4.1. Community level monthly report

What	The community level monthly reporting tool is a combination of the summary of volunteers' activities and community level events. This tool also summarises qualitative information received from volunteers.
Why	As CBHFA implementation happens at community level, community level reporting plays a critical role in the project reporting cycle. Good community reports help in identifying gaps early and taking corrective measures accordingly.
Who	Volunteer team leaders or community health committee.
When	Every month (the tool can be completed in monthly planning meeting).

[Link to Community level monthly report template](#)

4.2. Community progress report – reporting back to the community

What	To inform the community about what CBHFA has achieved during the last month, and also what activities are planned for this month.
Why	Lots of information is collect from the community in order to implement CBHFA. It is our ethical responsibility to update the community on the progress we are making and inform about the future plans.
Who	NS branch
When	Every month

[Link to Community progress report – reporting back to the community template](#)

4.3. Branch monthly report

What	Branch monthly report format is a consolidation of community level reports and branch activities such as training etc.
Why	A branch monthly report forms the basis of decisions for higher management and provides information for external reporting
Who	NS branch
When	Every month; If needed it can be modified to a quarterly reporting format.

[Link to Branch monthly report template](#)

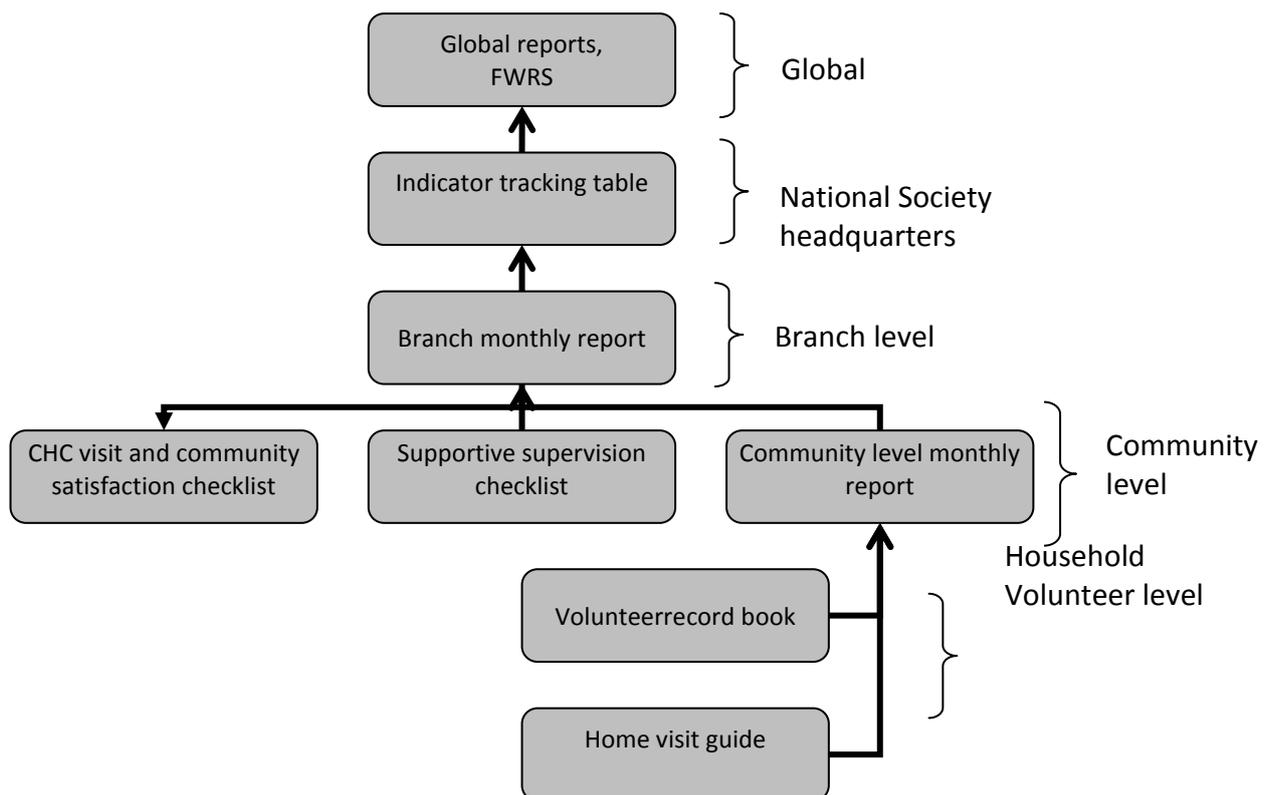
4.4. Indicator tracking table (ITT)

What	ITT is a spread sheet to record, manage, and assist with the analysis of the indicators
Why	An ITT is an important data management tool for tracking indicator performance to inform overall project implementation and management.
Who	Project manager with M&E team
When	Quarterly

[Link to ITT template](#)

An ITT template example with examples and instructions (in MS Excel) can be accessed on FedNet or at <http://www.ifrc.org/mande>

Snapshot of CBHFA Monitoring & Reporting system



References

1. Project/programme planning - Guidance manual, International Federation of Red Cross and Red Crescent Societies, Geneva, 2010.
2. Project/programme monitoring and evaluation (M&E) guide, International Federation of Red Cross and Red Crescent Societies, Geneva, 2011.
3. PMER (planning, monitoring, evaluation, reporting) Pocket guide, Planning and Evaluation Department (PED), International Federation of Red Cross and Red Crescent Societies, Geneva, November 2012.
4. Baseline Basics, Planning and Evaluation Department (PED), International Federation of Red Cross and Red Crescent Societies, Geneva, May 2013.
5. IFRC Framework for Evaluation, Planning and Evaluation Department (PED,) IFRC Secretariat, February 2011.
6. Reference manual for managers: LLIN distribution impact survey, International Federation of Red Cross and Red Crescent Societies, Geneva, 2010.

1. Planning tools/templates

Planning is a process to define an intervention's intended results (objectives), the inputs and activities needed to accomplish them, the indicators to measure their achievement, and the key assumptions that can affect the achievement of the intended results (objectives). Planning takes into consideration the needs, interests, resources, mandates and capacities of the implementing organization and various stakeholders. At the end of the planning phase, a project plan is produced and ready to implement.

Planning tools included in the toolkit:

- 1.1. Concept paper template
- 1.2. Proposal template
- 1.3. Logframe template
- 1.4. CBHFA Indicator guide
- 1.5. M&E plan template
- 1.6. Plan of action template

Further details on planning can be obtained in the IFRC *Project/Programme Planning (PPP) Guidance manual, 2010*, available online at: <http://www.ifrc.org/mande> or on FedNet.

1.1 CONCEPT PAPER Template

Reference #:		Date:	
Project name:	<i>(What is the project name?)</i>		
Project start & end dates:			
Implementing partner (HNS):	<i>(Name of the national society that will implement the project?)</i>		
Supporting partner (IFRC/PNS):	<i>(Which partner(s) will be providing support to the project?)</i>		
Project objectives:	Goal: <i>(What do you hope to achieve -the long-term results?)</i>		
	Outcomes: <i>(Which are the primary results in terms of the knowledge, attitudes or practices of the target group the project seeks to achieve?)</i>		
Target group(s):	<i>(Who will be the target population and why?)</i>		
Location (branch/district)	<i>(Where will the project be implemented and which branch will be involved?)</i>		
# of communities:	<i>(In how many communities will the project be implemented?)</i>		
Estimated # of households:	<i>(How many households will be involved?)</i>		
Estimated # of beneficiaries:	Total #:	Female #:	Male #:
Estimated total budget:	<i>(How much will the total budget be that is required to implement the project?)</i>		
Resources needed:	<i>(What resources will be needed besides money?)</i>		
HNS role:	<i>(What is the role of the National Society in this project?)</i>		
Supporting partner role:	<i>(What is the role of the supporting partner?)</i>		
Point of contact at HNS:	<i>(Who will be the contact person in the National Society?)</i>		
Point of contact at supporting partner:	<i>(Who will be the contact person in the supporting National Society/partner?)</i>		

1.2 Proposal Template

Cover page (1 page) *Includes project name, project duration, partners and a photo*

Summary table (1 page, similar to the concept paper)

Table of contents (1 page, table)

Abbreviations (1 page, table)

1. Executive summary (1-2 pages) *Summarize the entire project. Explain why the project is necessary, what the problem is, who the people affected are and how the project will contribute to the solution. Provide goal and outcomes, a summary of key activities and required resources (human, financial and other). Describe how the project will be monitored and evaluated. Briefly outline the capacity of the national society to implement the project.*

2. Background, assessment, finding (2-4 pages) *Briefly describe the region/district including population, economic, socio-political, security etc. where the project will be carried out. Outline the main needs, capacities and resources of the target population and the approach used for the assessment. Summarize the nature of the problem; identify the causes of these problems and potential effects or consequences if not addressed.*

3. Overview of target area and beneficiary population (1 page) *Briefly describe the location of the proposed project and explain why and how this area was chosen. Describe the target population and why they are targeted. Include beneficiary estimates broken down by gender where available. Describe what kind of consultation with or participation of the target population occurred.*

4. Project objectives (3 pages)

Explain why the goal, outcomes and outputs have been chosen to be tackled by the project. The reasoning should be linked to the needs assessment, situation and problem analysis. Include consultation with or participation of the population if this occurred. Include the project logframe in the annex.

5. HNS and partner(s) roles and responsibilities (2 pages) *Describe HNS and partners roles and responsibilities, the project team, i.e. staff, volunteers, etc.*

6. Monitoring, evaluation and reporting (2-3 pages) *Outline the main approaches to the monitoring and evaluation of the project. The M&E plan should outline how data from monitoring and evaluation will be collected, analysed and reported. Follow the six steps to M&E planning described in the in "IFRC Project/programme monitoring and evaluation (M&E) guide" and use the M&E plan template in this toolkit.*

7. Capacity Building ($1/2$ page) *Describe how this project will contribute to building HNS capacity and any key capacity building activities necessary to support the implementation of the project.*

8. Sustainability (1 page) *Describe how key activities will continue after project funding ends OR describe how the impact of the project will continue after key funding and critical activities end.*

9. Coordination/Partnership (1 page) *Outline who the different partners are, who reports to who, and what is the role of each party. Briefly describe how coordination among the various local and international humanitarian / government organizations working in the area will be carried out.*

10. Cross-Cutting issues (1 page) e.g. Gender Equity, Accountability to Beneficiaries...

11. Plan of action overview ($\frac{1}{2}$ page)

12. Budget overview ($\frac{1}{2}$ page)

Appendices

- Concept paper
- Logframe
- Plan of action
- M&E plan
- Indicator tracking table
- Budget

1.3 Logical framework (logframe) template ²

Objectives <i>(What we want to achieve)</i>	Indicators <i>(How to measure change)</i>	Means of verification <i>(Where/how to get information)</i>	Assumptions <i>(What else to be aware of)</i>
Goal <i>The long-term results that an intervention seeks to achieve, which may be contributed to by factors outside the intervention</i>	Impact indicators <i>Quantitative and/or qualitative criteria to measure progress against the goal</i>	<i>How the information on the indicator(s) will be collected (can include who will collect it and how often)</i>	<i>External factors beyond the control of the intervention, necessary for the goal to contribute to higher-level results</i>
Outcome(s) <i>The primary result(s) that an intervention seeks to achieve, most commonly in terms of the knowledge, attitudes or practices of the target group</i>	Outcome indicators <i>Quantitative and/or qualitative criteria to measure progress against the outcomes</i>	<i>As above</i>	<i>External factors beyond the control of the intervention, necessary for the outcomes to contribute to achieving the goal.</i>
Outputs <i>The tangible products, goods and services and other immediate results that lead to the achievement of outcomes</i>	Output indicators <i>Quantitative and/or qualitative criteria to measure progress against the outputs</i>	<i>As above</i>	<i>External factors beyond the control of the intervention, necessary if outputs are to lead to the achievement of the outcomes</i>

² This template developed based on IFRC *Project/programme planning guidance manual*, 2010.

Example of the format:

Objectives	Indicators	Means of verification	Assumptions
Goal	G.a. G.b. G.c.		
Outcome 1	1a. 1b. 1c.		
Output 1.1	1.1a. 1.1b. 1.1c.		
Output 1.2	1.2a. 1.2b. 1.2c.		
Output 1.3	1.3a. 1.3b. 1.3c.		
Outcome 2	2a. 2b. 2c.		
Output 2.1	2.1a. 2.1b. 2.1c.		
Output 2.2	2.2a. 2.2b. 2.2c.		
Output 2.3	2.3a. 2.3b. 2.3c.		

Logframe design

The IFRC adopts the logical framework approach to design projects, programmes and other initiatives. The logical framework table summarises a project's operational design, including intended results, how to measure them and key assumptions to monitor.

Indicator reminders

Indicators are critical to assess our progress towards objectives and should be carefully selected. The IFRC often use the acronym SMART as a reminder to keep indicators specific, measurable, achievable and target. Below are some other key indicators reminders:

- Be sure to use standard indicators when appropriate. There is no need to spend the time designing indicators if it has already been done by the sector (programme area) experts. Also, standardized indicators allow comparison across programmes.
- Be careful not to have too many indicators, which can strain capacity. Only measure what is necessary and sufficient to inform programme management and assessment. 1–3 indicators per objective statement are usually sufficient.
- Keep the indicator specific and precise. For example, it is better to ask how many children have a weight/height ratio above malnourished levels than to enquire generally whether the household suffers from malnourishment.
- Be sure you have the capacity or resources to measure the indicator – or a secondary source. It can cost a lot of money to measure complex indicators. However, it may be possible to use a complex indicator already measured by a government ministry, international agency, etc.
- Don't just have "counts" but also measure change. Do not over-concentrate on low-level, easy to measure indicators (activities and outputs). These are important for programme management, but it is also important to have indicators to measure higher level changes, such as in knowledge, attitudes, and behaviour.

Further details on logframe development and terminology can be obtained in the IFRC *Project/Programme Planning (PPP) Guidance manual*, 2010, available online at: <http://www.ifrc.org/mande> or on FedNet.

1.4 CBHFA Indicator Guide

The purpose of this CBHFA Indicator Guide is to support NS to reliably monitor key data and track progress in community-based programmes using the CBHFA approach. It brings together key indicators organized into 20 CBHFA programme areas. Each indicator is clearly defined with numerator and denominator and guidance on how to reliably measure each indicator. This guide reflects the Federation's commitment to performance and accountability as a leading global actor in community disease prevention and health development.

The intended audience of this guide includes project and programme staff managing community-based programmes using the CBHFA approach, those involved in the strategic planning of community-based programmes, evaluators, and donors. It is expected that the guide will be especially useful for programme staff and volunteers who need to work with the CBHFA indicators themselves.

Please note that this guide contains only basic indicators, which can be reliably measured with minimum resources and technical support. The indicators are in line with standard indicators used in industry and are comparable. Wherever possible indicators related to the Millennium Development Goals (MDG) are also included. Be aware that most of the CBHFA programme is being implemented with very limited resources, and funding for surveys (baseline, endline) is rare. More indicators can be added by NS if needed.

It is important to remember that CBHFA is a cross-cutting approach and a CBHFA intervention typically includes indicators from a selection (not all) of programme areas.

Points to keep in mind:

- **This guide includes basic indicators for CBHFA intervention** at community level that can be easily measured by NS with minimal support. Programmes can add further indicators of interest if they have the resource and capacity to measure them.
- **Indicators in this guide may be complemented by secondary data from other sources.** Secondary data refers to indicators that are not directly measured by or for the project/programme, but instead collected by an outside source, i.e. government ministry, international agency, university or research centre. When using secondary data, it is critical to make sure the data is reliable, and that attribution to the CBHFA intervention is warranted. This means determining to what extent the indicator performance can be attributed to a CBHFA intervention (project) when there may be multiple other factors that can influence indicator performance.
- **The indicator related to number of people reached** has been recorded separately for people reached directly and people reached indirectly in line with the Federation Wide Reporting System (FWDRS) – please refer to the FWDRS Indicator Guide for more detail on these indicators at <http://www.ifrc.org/>

This CBHFA Indicator Guide have been developed through a process of consultation lead by IFRC CBHFA specialists, the Planning and Evaluation Department (PED), implementing NS, and multiple stakeholders in the International Red Cross/Red Crescent Movement. This guide will be periodically reviewed and updated to ensure that they remain relevant to evolving circumstances and continue to conform to the highest international standards. Feedback and comments may be provided to Dr. Ayham Alomari, the Federation Senior Health Officer - Community Health, email: ayham.alomari@ifrc.org

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2.20	Violence prevention (Module 9)	

Indicator	Definition	Data collection methods/sources
CBHFA General indicators		
1. # people-reached directly by the programme. (Disaggregate by sex and age when appropriate)	People reached directly are recipients of NS services counted once during the reporting period regardless of the number of services received; as “messages” is the widest service this is used to determine the number of people reached. “Service” refers to tangible goods/materials, as well as a range of activities.	Collected and reported according to NS (i.e. quarterly), and reported annually as part of the IFRC/FWRS.
2. # people-reached indirectly by the programme. (Disaggregate by sex and age when appropriate)	People reached indirectly are the approximate number of recipients of NS services estimated once during the reporting period, regardless of the number of services received; as “messages” is the widest service, this is used to determine the number of people reached. “Service” refers to tangible goods/materials, as well as a range of activities.	Collected and reported according to NS (i.e. quarterly), and reported annually as part of the IFRC/FWRS.
3. % # communities active in the programme	Community should be defined according to programme intervention and local context, (such as local census or municipal boundaries, etc.) Active means the community has implemented one or more of the following activities: <ul style="list-style-type: none"> • Delivering messages • Developing activities • Referring patients to health facilities • Community awareness campaigns, etc. • Major events, i.e. campaign day, awareness events Add other activities as appropriate.	Project monitoring/reporting system and/or volunteer report form for activities, project event forms, etc. Can vary, but recommended quarterly, or can be monthly.
4. # active volunteers in the programme (Disaggregate by sex when appropriate.)	Active means involved in one or more of the following activities every month: <ul style="list-style-type: none"> • Delivering messages. • Developing activities. • Attending trainings. • Referring people to health facilities. • CBHFA related campaign days, major events, and other activities as appropriate. • Using basic first aid knowledge and skills to respond to personal injury, and/or community emergency or disaster if applicable. 	Project monitoring/reporting system and/or volunteer report form for activities, project event forms, etc. Can vary, but recommended quarterly, or can be monthly.
5. # NS CBHFA facilitators active in the last 12 months. (Disaggregate by sex)	Active means that they have participated in the facilitation of CBHFA training or activity at least once in the last 12 months.	CBHFA activity and training records/reports (ensure that facilitators are recorded on these)
6. % # communities that identify community priorities through CBHFA approach.	Community priorities means they are identified by volunteers, which can include: <ul style="list-style-type: none"> • Health risks • Disaster hazards • First aid needs • Disease patterns • Common health issues Numerator: Number of communities that identify	Project monitoring/reporting system and/or volunteer report form for activities, project event forms, etc.

Indicator	Definition	Data collection methods/sources
	<p>community priorities through CBHFA approach.</p> <p>Denominator: All communities implementing projects.</p>	
<p>7. % # communities that have developed a CBHFA plan of action based on identified priorities.</p>	<p>CBHFA plan should be:</p> <ol style="list-style-type: none"> 1) developed by the community health committee and local branch volunteers/staff 2) approved and adopted by the committee representing CBHFA 3) include: <ul style="list-style-type: none"> • Purpose • Tasks • Resources • Timeframe • Responsible person <p>Numerator: Number of communities that have developed a CBHFA action plan.</p> <p>Denominator: All communities implementing CBHFA.</p>	<p>Community plan of action; any additional evidence, such as applicable checklists, project monitoring reports, etc.</p>
<p>8. % participating communities that have a functioning community health committee (or equivalent).</p>	<p>Community health committee can be specific to CBHFA, or another recognized committee responsible for CBHFA.</p> <p>Functioning includes key committee activities as presented in the CBHFA Implementation guide, including:</p> <ul style="list-style-type: none"> • Minimum frequency of meetings and attendance. • Development of a CBHFA priority assessment, and/or community action plan/initiatives. • Present annual health report to community leaders. • Maintain a dialogue with community and monitor progress. 	<p>Committee meeting minutes, attendance records, and other relevant documents. Supervisors site visits and observations.</p>
<p>9. # households visited by volunteers at least once in the past 12 months.</p>	<p>The household member reports that a volunteer visited the house at least once in the past 12 month to deliver a message related to issues identified in the CBHFA plan.</p>	<ul style="list-style-type: none"> • CBHFA household survey: Question RC2 with a frequency of at least baseline or endline. • Project monitoring/reporting system and/or volunteer report form for activities, project event forms, etc.
<p>10. # households reported that a family member participated in any activity conducted by CBHFA in the past 12 months.</p>	<p>The household member reports that he/she or a family member participated in any activity organized by CBHFA in the past 12 months.</p>	<ul style="list-style-type: none"> • CBHFA household survey: Question RC6 with a frequency of at least baseline or endline. • Project monitoring/reporting system and/or volunteer report form for activities, project event forms, etc.

Indicator	Definition	Data collection methods/sources
Technical indicators		
2.1 Basic first aid and injury prevention		
<p>11. # volunteers trained in basic first aid and injury prevention.</p> <p>(Disaggregate by sex and age when appropriate)</p>	<p>Numerator: Number of volunteers trained in basic first aid and injury prevention according to National Society curriculum for basic first aid and First Aid Manual or national standards for Basic First Aid.</p> <p>Denominator: Total number of volunteers trained in basic first aid and injury prevention.</p>	<ul style="list-style-type: none"> • Project training records: training records of participants in basic first aid.
<p>12. # community members who received basic first aid during last year from a volunteer trained in basic first aid.</p>	<p>Basic First Aid is any action according to National Society Basic First Aid Manual or National standards for Basic First Aid.</p> <p>Numerator: Number of people provided any type of basic first aid by trained volunteers during the last year.</p>	<ul style="list-style-type: none"> • CBHFA household survey: Question FA8 with frequency of at least baseline and endline and then possibly other times according to project schedule. • Qualitative methods: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions. • Project monitoring/reporting system and/or volunteer report form for activities, project event forms, etc.
<p>13. % people who know basic steps of first aid in to respond to priority first aid issues identified through the community assessment.</p>	<p>Basic First Aid is any action according to National Society Basic First Aid Manual or National standards for Basic First Aid.</p> <p>Numerator: Number of people who knows the basic first aid steps to respond to priority first aid/injury issues identified by the community during the community assessment.</p> <p>Denominator: All people interviewed.</p>	<ul style="list-style-type: none"> • CBHFA household survey: Questions FA4 with frequency of at least baseline and endline and then possibly other times according to project schedule. • Qualitative methods: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions. • Secondary data: If there is reliable and relevant secondary sources of data use them.
2.2. Community mobilisation in major emergencies		
<p>14. # communities with a disaster risk and response plan that incorporate health-related activities through CBHFA.</p>	<p>Numerator: Number of communities where disaster risk and response plan includes the following elements:</p> <ul style="list-style-type: none"> • Major emergency, including health issues due to a disaster and /or an epidemic. • Community risk map that identifies potential disaster sites, vulnerable people, human and physical resources, including health resources/facilities. 	<p>Project monitoring/reporting system and/or volunteer report form for activities, project event forms, etc.</p>

Indicator	Definition	Data collection methods/sources
	<ul style="list-style-type: none"> Roles and responsibilities of volunteers and community members through CBHFA in a disaster response and /or an epidemic. 	
<p>15. % people that can correctly identify at least 3 key safety-related behaviours in response to a disaster through CBHFA.</p>	<p>Numerator: Number of people who knows at least 3 key safety-related behaviours in response to disaster out of these:</p> <ul style="list-style-type: none"> Listen to the media and other reliable sources and follow advice. Follow advice issued by the government/local authorities. Move immediately to the nearest safe evacuation place along with family members. Follow safe route to reach shelter site. Take water, food, and essential items to the shelter site. Go back home only when authorities declare that the situation is safe. Help evacuate and/or rescue the other people, while not putting self in danger. Provide first aid if qualified. Be calm and quiet. <p>Denominator: All people interviewed.</p>	<ul style="list-style-type: none"> CBHFA household survey: Question CM1 with frequency of at least baseline and endline and then possibly other times according to project schedule. Qualitative methods: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions.
<p>16. # communities to have conducted an emergency health assessment.</p>	<p>Numerator: Number of community to have conducted an emergency health assessment based on IFRC and/or WHO assessment guide following disaster/epidemic.</p> <p>These indicators can be used in case a CBHFA volunteer is responding to an emergency following a disaster or epidemic.</p>	<p>Project monitoring/reporting system and/or volunteer report form for activities, project event forms, etc.</p>
<p>17. # volunteers serving in health facilities following disaster/ epidemic.</p>	<p>Numerator: Number of volunteers providing their services to health facilities following a disaster/ epidemic.</p> <p>These indicators can be used in case a CBHFA volunteer is responding to an emergency following a disaster or epidemic.</p>	<p>Project monitoring/reporting system and/or volunteer report form for activities, project event forms, etc.</p>
<p>18. # people provided with psychosocial support by trained volunteers.</p>	<p>Definition: A volunteer trained in psychosocial support according to National Society curriculum or National standards.</p> <p>Numerator: Number of people provided with psychosocial support by trained volunteers following a disaster/epidemic.</p> <p>These indicators can be used in case a CBHFA volunteer is responding to an emergency following a disaster or epidemic.</p>	<ul style="list-style-type: none"> CBHFA household survey: Question CM2 with frequency of at least baseline and endline and then possibly other times according to project schedule. Qualitative methods: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions. Project monitoring/reporting

Indicator	Definition	Data collection methods/sources
		system and/or volunteer report form for activities, project event forms, etc.
2.3 Family planning		
19. % women age 15-49 years that know where to get family planning supplies.	<p>Numerator: Number of people aware of one or more place that family planning supplies are available from:</p> <ul style="list-style-type: none"> • Any existing community centre with family planning supplies. • Counsellor. • Private vendors of contraception. <p>(add more as appropriate)</p> <p>Denominator: All married women or those sexually active aged 15-49 interviewed.</p>	<ul style="list-style-type: none"> • CBHFA household survey: Question FP4 with frequency of at least baseline and endline and then possibly other times according to project schedule. • Qualitative methods: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions. • Secondary data: If there is reliable and relevant secondary sources of data use them.
20. % women age 15-49 years currently married or sexually active who are using (or whose partner is using) a contraceptive method. MDG 5.3	<p>Numerator: Number of women or their partners using any family planning methods.</p> <p>Contraceptive methods are often classified as either modern or traditional. <u>Modern methods</u> of contraception include female and male sterilization, oral hormonal pills, the intra-uterine device (IUD), the male condom, injectables, the implant (including Norplant), vaginal barrier methods (foam or jelly), the female condom and emergency contraception (pill). <u>Traditional methods</u> of contraception (non-medical) include the rhythm method (periodic abstinence), withdrawal, lactational amenorrhea method (LAM).</p> <p>Denominator: All married women or those sexually active aged 15-49 interviewed.</p>	<ul style="list-style-type: none"> • CBHFA household survey: Questions FP2, FP3 with frequency of at least baseline and endline and then possibly other times according to project schedule. • Qualitative methods: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions. • Secondary data: Don't forget if there is reliable and relevant secondary sources of data, use them.
2.4 Safe motherhood		
21. % women with children under 2 years of age that can correctly identify at least 3 danger signs for which a pregnant woman should be taken to a health facility.	<p>Numerator: Number of people who knows 3 danger signs for taking a pregnant women to a health facility out of these:</p> <ul style="list-style-type: none"> • Vaginal bleeding during pregnancy or heavy bleeding after childbirth. • Severe abdominal pain. • Severe headaches or blurred vision. • Persistent back pain. • Swelling of legs, arms, hands or face. • High fever. • Convulsions. • Regular contractions (every 20 minutes or less) prior to 37 weeks. • Waters break and not in labour after six hours. • Prolonged labour (more than 12 hours). • No movement of the baby. 	<ul style="list-style-type: none"> • CBHFA household survey: Question SM10 with frequency of at least baseline and endline and then possibly other times according to project schedule. • Qualitative methods: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions. • Secondary data: If there is reliable and relevant secondary sources of data use them.

Indicator	Definition	Data collection methods/sources
	<ul style="list-style-type: none"> Pregnant woman does not gain weight. (add others as appropriate) <p>Denominator: Total women with children under age 2 years participating in the survey.</p>	
<p>22. % women with children under 2 years of age who report being checked by any provider X times during last pregnancy according to national standards during last pregnancy.</p> <p>MDG 5.5</p>	<p>Numerator: Number of women who received X or more check-ups during last pregnancy.</p> <p>X times is determined by national standards, typically 3 to 4 times.</p> <p>Denominator: Total women with children under age 2 years participating in the survey.</p>	<ul style="list-style-type: none"> CBHFA household survey: Questions SM1, SM2, SM3, SM5, SM6 with frequency of at least baseline and endline and then possibly other times according to project schedule. Qualitative methods: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions. Secondary data: If there is reliable and relevant secondary sources of data use them.
<p>23. % births attended by skilled health personnel at birth.</p> <p>MDG 5.2</p>	<p>Definition: A skilled health personnel is an accredited health professional—such as a midwife, doctor or nurse—who has been educated and trained. <u>Traditional birth attendants</u> either trained or not, <u>are excluded</u> from the category of skilled health workers.</p> <p>Numerator: Number of births attended by skilled health personnel.</p> <p>Denominator: Total women with children under age 2 years participating in the survey.</p>	<ul style="list-style-type: none"> CBHFA household survey: Question SM 9 with frequency of at least baseline and endline and then possibly other times according to project schedule. Qualitative methods: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions.
<p>24. % women with children under 2 years of age who report receiving X or more doses of Tetanus Toxoid (TT) during last pregnancy.</p>	<p>Numerator: Number of women who received X or more doses of TT during last pregnancy</p> <p>X or more doses of TT is determined by national standards, typically 2 or more</p> <p>Denominator: Total women with children under age 2 years participating in the survey.</p>	<ul style="list-style-type: none"> CBHFA household survey: Questions SM7, SM8 with frequency of at least baseline and endline and then possibly other times according to project schedule. Qualitative methods: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions. Secondary data: If there is reliable and relevant secondary sources of data use them.

Indicator	Definition	Data collection methods/sources
25. % women and newborns who received postnatal care by a skilled health worker within two days of delivery.	<p>Definition: A skilled health personnel is an accredited health professional—such as a midwife, doctor or nurse—who has been educated and trained. <u>Traditional birth attendants either trained or not, are excluded</u> from the category of skilled health workers.</p> <p>Numerator: Number of women and newborns who were provided with postnatal care by skilled health personnel within two days of delivery.</p> <p>Denominator: Total women with children under age 2 years participating in the survey.</p>	<ul style="list-style-type: none"> • CBHFA household survey: Questions SM11, SM12 with frequency of at least baseline and endline and then possibly other times according to project schedule. • Qualitative methods: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions. • Secondary data: If there is reliable and relevant secondary sources of data use them.
26. % # of HIV positive women provided with antiretroviral drugs during pregnancy and delivery.	<p>Numerator: Number of HIV positive women who received antiretroviral drugs during pregnancy and delivery.</p> <p>Antiretroviral drugs are drugs that HIV positive pregnant women take to reduce the chances that the babies will become infected.</p>	<ul style="list-style-type: none"> • Secondary data: If there is reliable and relevant secondary sources of data use them.
2.5 Care of a newborn		
27. % caretakers with children under 2 years of age who can correctly describe at least 3 practices in household care for a newborn.	<p>Numerator: Number of caretakers who knows at least 3 practices of household care for a newborn out of these:</p> <ul style="list-style-type: none"> • Practise proper hygiene – e.g. hygienic care of umbilical cord. • Keep the newborn baby warm. • Delay bathing. • Babies should be put to the breast immediately after birth (within the first hour). <p>First breast milk that comes immediately after birth protects the baby from infections.</p> <p>Denominator: Total caretakers with children under age 2 years participating in the survey.</p>	<ul style="list-style-type: none"> • CBHFA household survey: Question NB1 with frequency of at least baseline and endline and then possibly other times according to project schedule. • Qualitative methods: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions.
28. % caretakers with children under 2 years of age can correctly identify at least 3 danger signs in a newborn that require immediate medical attention.	<p>Numerator: Number of caretakers who can identify at least 3 danger signs that require immediate medical attention out of these:</p> <ul style="list-style-type: none"> • Difficulty breathing. • No interest in sucking, sucks poorly at the breast, or is not able to feed. • High fever. • Has red, swollen eyelids and pus discharge from the eyes. • Has redness, swelling, pus or foul odour around the cord or umbilicus. • Has convulsions/fits. 	<ul style="list-style-type: none"> • CBHFA household survey: Question NB6 with frequency of at least baseline and endline and then possibly other times according to project schedule. • Qualitative methods: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions.

Indicator	Definition	Data collection methods/sources
	<ul style="list-style-type: none"> Has jaundice (yellow skin or eyes). New born is very small. <p>Denominator: Total caretakers with children under age 2 years participating in the survey.</p>	<ul style="list-style-type: none"> Secondary data: If there is reliable and relevant secondary sources of data use them.
<p>29. % newborns breastfed within one hour of birth.</p>	<p>Numerator: Number of caretakers who reports that they breastfed their newborns within one hour of birth.</p> <p>Denominator: Total caretakers with children under age 2 years participating in the survey.</p>	<ul style="list-style-type: none"> CBHFA household survey: Questions NB2, NB3, NB4, NB5 with frequency of at least baseline and endline and then possibly other times according to project schedule. Qualitative methods: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions. Secondary data: If there is reliable and relevant secondary sources of data use them.
2.6 Nutrition		
<p>30. % primary caretakers of infants 0-6 months of age that report that infants were exclusively breastfed during the 24 hours prior to survey.</p>	<p>Numerator: Number of infants 0-6 months of age receiving only breast milk, and not receiving any other fluids (including water) or foods, with the exception of oral rehydration solution, vitamins, mineral supplements and medicines.</p> <p>Denominator: All infants 0-6 months of age covered during survey.</p>	<ul style="list-style-type: none"> CBHFA household survey: Questions NU1, NU2 with frequency of at least baseline and endline and then possibly other times according to project schedule. Qualitative methods: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions.
<p>31. % children age 6-23 months receiving at least 3 types of food during the previous day.</p>	<p>Numerator: Number of children who received at least 3 types of food out of these 5 the previous day:</p> <ol style="list-style-type: none"> Cereals Pulses/Lentils Vegetables or Fruits Milk/curd/butter milk Eggs or fish or meat <p>Denominator: All children of age 6-23 months covered during survey.</p>	<ul style="list-style-type: none"> CBHFA household survey: Questions NU3 - NU12, with frequency of at least baseline and endline and then possibly other times according to project schedule. Qualitative methods: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions. Secondary data: If there is reliable and relevant secondary sources of

Indicator	Definition	Data collection methods/sources
32. % primary caretakers with children under 2 year of age that can correctly identify at least 3 danger signs of malnutrition that require referral to a health facility.	<p>Numerator: Number of caretakers who knows at least 3 signs that require referral out of these:</p> <p>Wasting</p> <ul style="list-style-type: none"> • Underweight. • No fat on the body, and ribs visible. • Loose skin around the buttocks. • Easily irritated. • Usually appetite and normal hair. • Frequent illnesses. <p>Swelling</p> <ul style="list-style-type: none"> • Severe swelling (oedema) on both limbs or both arms. • Swollen “moon” face. • Damaged skin or different skin colour. • Hair colour changes (yellow/reddish or discoloured). • Hair becomes dry, can be easily pulled out and leaves bald patches. 	<p>data use them.</p> <ul style="list-style-type: none"> • CBHFA household survey: Question NU13 with frequency of at least baseline and endline and then possibly other times according to project schedule. • Qualitative methods: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions. • Secondary data: If there is reliable and relevant secondary sources of data use them.
33. % children aged 6-23 months receiving food according to the age-appropriate frequency during the previous day.	<p>Numerator: Number of children who received food according to the age appropriate food frequency the previous day.</p> <p>Appropriate defined as- breastfeeding children: solid, semi-solid, or soft foods, two times for infants age 6-8 months, 3 times for children 9-23 months; non-breastfeeding children: solid, semi-solid, or soft foods, or milk feeds, four times for children age 6-23 months.</p> <p>Denominator: All children of age 6-23 months covered during survey.</p>	<ul style="list-style-type: none"> • CBHFA household survey: Question NU4 with frequency of at least baseline and endline and then possibly other times according to project schedule. • Qualitative methods: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions. • Secondary data: If there is reliable and relevant secondary sources of data use them.
34. % # children under 5 years of age whose weights are less than 2SD below the median for age groups. MDG 1.8	<p>Numerator: Number of children under 5 years of age whose weights are less than two standard deviations below the median weight for age groups in the international reference population.</p> <p>Denominator: all children under 5 years covered in the survey.</p>	<ul style="list-style-type: none"> • Secondary data: If there is reliable and relevant secondary sources of data use them.
2.7 Immunization and vaccination campaigns		
35. # youngest children (selected in household for the survey) with shown vaccination card.	<p>Numerator: Number of youngest children, who were selected in the household for the survey, whose vaccination cards were shown.</p> <p>Denominator: All youngest children selected in the household for the survey.</p>	<ul style="list-style-type: none"> • CBHFA household survey: Questions IM1, IM2 with frequency of at least baseline and endline and then possibly other times according to project schedule.
36. % children of age 12-23 months that has received BCG (Bacillus Calmette-Guerin), DPT (Diphtheria, Pertussis, and Tetanus vaccine) (3 doses), Polio (3 doses)	<p>Numerator: Number of children received BCG, DPT (3 doses), Polio (3 doses) and measles.</p> <p>Change BCG, DPT (3 doses), Polio (3 doses) and measles vaccine according to National vaccination</p>	<ul style="list-style-type: none"> • CBHFA household survey: Question IM3 (vaccination card) with frequency of at least baseline and endline and then possibly other times according to

Indicator	Definition	Data collection methods/sources
and measles vaccine.	<p><i>series</i> according to Ministry of Health.</p> <p>Denominator: All children of age 12-23 months covered during survey.</p>	<p>project schedule.</p> <ul style="list-style-type: none"> • <u>Qualitative methods</u>: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions. • <u>Secondary data</u>: If there is reliable and relevant secondary sources of data use them.
37. % children aged 12-23 months vaccinated against measles.	<p>Numerator: Total children between 12 - 23 months that received measles vaccination during campaign or supplementary immunization activities or in any other programme.</p> <p>(Revise age 12-23 in line with national programme or as defined by the Ministry of Health)</p> <p>Denominator: All children 12 – 23 months covered during survey</p>	<ul style="list-style-type: none"> • <u>CBHFA household survey</u>: Questions IM3 (vaccination card) with frequency of at least baseline and endline and then possibly other times according to project schedule. • <u>Qualitative methods</u>: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions. • <u>Secondary data</u>: If there is reliable and relevant secondary sources of data use them.
38. % children under 12 months vaccinated against measles. MDG 4.3	<p>Numerator: Number of children under 12 months vaccinated against measles.</p> <p>(one year is 12 months)</p> <p>Denominator: All children of 12 months old.</p>	<ul style="list-style-type: none"> • <u>CBHFA household survey</u>: Question IM3 (vaccination card) with frequency of at least baseline and endline and then possibly other times according to project schedule. • <u>Qualitative methods</u>: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions. • <u>Secondary data</u>: If there is reliable and relevant secondary sources of data use them.
39. % children age 12-23 months vaccinated against polio.	<p>Numerator: Total children between 12-23 months vaccinated against polio during campaign or supplementary immunization activities or in any other programme.</p> <p>(Revise age 12-23 months in line with national programme or as defined by the Ministry of Health).</p> <p>Denominator: All children 12 – 23 months covered during survey</p>	<ul style="list-style-type: none"> • <u>CBHFA household survey</u>: Question IM3 (vaccination card) with frequency of at least baseline and endline and then possibly other times according to project schedule. • <u>Qualitative methods</u>: Can supplement or replace household survey depending on project capacity. Methods include key

Indicator	Definition	Data collection methods/sources
		informant interviews, community focus group discussions. <ul style="list-style-type: none"> • <u>Secondary data</u>: If there is reliable and relevant secondary sources of data use them.
40. % caretakers with children under 2 year of age aware of at least 3 diseases that can be prevented with vaccines.	<p>Numerator: Number of caretakers aware of at least 3 diseases that can be prevented with vaccines out of these: polio, tuberculosis, diphtheria, pertussis, tetanus, Hepatitis B, Haemophilus influenza, and measles.</p> <p>Other vaccines include:</p> <ul style="list-style-type: none"> • Yellow fever. • Meningitis. • Rotavirus. • Pneumococcal. • Japanese encephalitis. • Human Papilloma Virus. <p>(revise according to National Immunization Schedule)</p> <p>Denominator: Total care takers with children under 2 years participating in the survey</p>	<ul style="list-style-type: none"> • <u>CBHFA household survey</u>: Question IM4 with frequency of at least baseline and endline and then possibly other times according to project schedule. • <u>Qualitative methods</u>: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions. • <u>Secondary data</u>: If there is reliable and relevant secondary sources of data use them.
2.8 Safe water, hygiene and sanitation		
41. % people that can correctly identify at least 3 critical times to wash their hands.	<p>Numerator: Number of people who knows at least 3 critical times to wash hands out of:</p> <ol style="list-style-type: none"> 1) After defecation. 2) After handling child faeces. 3) Before preparing food 4) Before eating. 5) Before feeding a child. 6) Before handling foods <p>(add more as appropriate)</p> <p>Denominator: All people interviewed.</p>	<ul style="list-style-type: none"> • <u>CBHFA household survey</u>: Questions WS16 with frequency of at least baseline and endline and then possibly other times according to project schedule. • <u>Qualitative methods</u>: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions.
42. % households using an improved drinking water source. MDG 7.8	<p>Numerator: Number of households using any of the following types of water supply for drinking:</p> <ul style="list-style-type: none"> • Piped water into dwelling plot or yard • Public tap/standpipe; borehole/tube well • Protected dug well • Protected spring • Rainwater collection and bottled water (if a secondary available source is also improved). <p>It does not include:</p> <ul style="list-style-type: none"> • Unprotected well • Unprotected spring, water provided by carts with small tanks/drums • Tanker truck-provided water and bottled water (if secondary source is not an improved source) <p>Surface water taken directly from rivers, ponds, streams, lakes, dams, or irrigation channels</p> <p>Denominator: All households covered during survey.</p>	<ul style="list-style-type: none"> • <u>CBHFA household survey</u>: Questions WS1 with frequency of at least baseline and endline and then possibly other times according to project schedule. • <u>Qualitative methods</u>: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions. • <u>Secondary data</u>: If there is reliable and relevant secondary sources of data use them.
43. % households using and maintaining clean latrines.	<p>Numerator: Number of households with clean and maintained latrines defined as:</p>	<ul style="list-style-type: none"> • <u>CBHFA household survey</u>: Questions WS4, WS8 - WS11 with

Indicator	Definition	Data collection methods/sources
	<ol style="list-style-type: none"> 1. Path well worn as sign of regular uses and entrance is clear 2. No faecal materials and urine on walls and floor. 3. No overflow of leach lines or soak ways. 4. Cover on the hole Three conditions should be present. Note: Observe latrines during interview Denominator: All households covered during the survey.	frequency of at least baseline and endline and then possibly other times according to project schedule. <ul style="list-style-type: none"> • Qualitative methods: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions.
2.9 Diarrhoea and Dehydration		
44. % caretakers with children under 5 years of age that can correctly identify at least 3 critical times to wash their hands.	Numerator: Number of people who knows at least 3 critical times to wash hands out of: <ol style="list-style-type: none"> 1) After defecation. 2) After handling child faeces. 3) Before preparing food 4) Before eating. 5) Before feeding a child. 6) Before handling foods (add more as appropriate) Denominator: Total caretaker with children under age 5 years participating in the survey.	<ul style="list-style-type: none"> • CBHFA household survey: Questions DI13, WS16 with frequency of at least baseline and endline and then possibly other times according to project schedule. • Qualitative methods: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions.
45. % caretakers that can correctly identify at least 3 key signs of dehydration.	Numerator: Number of caretakers who knows at least 3 key signs of dehydration out of: <ul style="list-style-type: none"> • Sunken eyes with little or no tears when crying. • Dry mouth and tongue. • Thirst. • Little or no urine. • Dry skin or skin with little elasticity. • Feeling weak and very tired. • Muscle cramps. Denominator: Total caretaker with children under age 5 years participating in the survey.	<ul style="list-style-type: none"> • CBHFA household survey: Questions DI13 with frequency of at last baseline and endline and then possibly other times according to project schedule. • Qualitative methods: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions.
46. % caretakers who know how to prepare oral rehydration therapy (ORT) correctly.	Correct procedure: <ul style="list-style-type: none"> • Wash hands with water and soap or ash before preparing solution. • Follow preparation directions in the ORS (Oral Rehydration Solution) packet: • Put one litre of safe water in a clean pot. • Empty packet of ORS into the water while stirring. • After 24 hours discard solution and make fresh ORS. (Revise as locally appropriate) Numerator: Number of caretakers who know correct procedure for preparing ORT Denominator: Total caretakers with children under age 5 years participating in the survey.	<ul style="list-style-type: none"> • CBHFA household survey: Question DI19 with frequency of at least baseline and endline and then possibly other times according to project schedule. • Qualitative methods: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions.

Indicator	Definition	Data collection methods/sources
<p>47. % caretakers who can demonstrate how to prepare oral rehydration therapy (ORT) correctly.</p>	<p>Numerator: Number of caretakers who prepare ORT correctly during survey (see above)</p> <p>Note: this indicator needs ORS packets, necessary utensils, water etc. during survey)</p> <p>Denominator: Total caretakers with children under age 5 years participating in the survey.</p>	<ul style="list-style-type: none"> • CBHFA household survey: Question DI19 with frequency of at least baseline and endline and then possibly other times according to project schedule. • Qualitative methods: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions.
<p>48. % children under 5 years with diarrhoea in the previous 2 weeks who received ORT and continued feeding during the episode of diarrhoea.</p>	<p>Numerator: Number of children under 5 who received ORS packet <i>or</i> recommended homemade fluid <i>or</i> increased fluids during diarrhoea.</p> <p>Denominator: Total children under age 5 years with diarrhoea participating in the survey.</p>	<ul style="list-style-type: none"> • CBHFA household survey: Questions DI2, DI3, DI4, DI5, DI10 with frequency of at least baseline and endline and then possibly other times according to project schedule. • Qualitative methods: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions.
2.10 Acute respiratory infections (ARI)		
<p>49. % care takers of children under 5 years of age that can correctly identify at least 3 ways to prevent ARI.</p>	<p>Numerator: Number of caretakers who knows at least 3 ways to prevent ARI out of these:</p> <ul style="list-style-type: none"> • Breastfeeding babies. • Immunizing children. • Protecting infants from exposure to cold. • Avoiding smoky or overcrowded room. • Eating nutritious foods • Practising good hygiene and hand washing. <p>Denominator: Total caretakers with children under 5 years participating in the survey.</p>	<ul style="list-style-type: none"> • CBHFA household survey: Question AR6 with frequency of at least baseline and endline and then possibly other times according to project schedule. • Qualitative methods: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions. • Secondary data: If there is reliable and relevant secondary sources of data use them.
<p>50. % caretakers of children under 5 years of age that can identify at least 3 ARI danger signs that require immediate attention at a health facility.</p>	<p>Numerator: Number of caretakers who can identify at least 3 ARI danger signs that require immediate attention at a health facility out of these:</p> <ul style="list-style-type: none"> • Fast breathing. • Noisy or difficult breathing. • Drawing of the chest when taking in a breath. • Pain or aches in side. • Cough for 3 weeks or more. • Fever for seven days. • Loss of appetite. • Continuously vomiting everything. 	<ul style="list-style-type: none"> • CBHFA household survey: Question AR1 with frequency of at least baseline and endline and then possibly other times according to project schedule. • Qualitative methods: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions.

Indicator	Definition	Data collection methods/sources
	<p>Denominator: Total caretakers with children under age 5 years participating in the survey.</p>	<ul style="list-style-type: none"> • <u>Secondary data:</u> If there is reliable and relevant secondary sources of data use them.
<p>51. % children under 5 years of age with suspected pneumonia/ARI in the previous 2 weeks who were taken to an appropriate health provider as reported by care taker.</p>	<p>Numerator: Number of children taken to appropriate health provider. Define “appropriate health provider” according to national programme</p> <p>Denominator: Total caretakers with children under 5 years of age with suspected pneumonia/ARI participating in the survey.</p> <p><u>CAUTION:</u> Estimate the denominator by combining population under 5 and prevalence of ARI in project area from secondary data source. Quite often the denominator for this indicator is small very small in surveys.</p>	<ul style="list-style-type: none"> • <u>CBHFA household survey:</u> Questions AR3, AR5 with frequency of at least baseline and endline and then possibly other times according to project schedule. • <u>Qualitative methods:</u> Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions.
<p>52. % # children under 5 years of age with suspected pneumonia who received antibiotic treatment.</p>	<p>Numerator: Number of children under 5 years of age with suspect pneumonia who received antibiotic treatment.</p> <p>Antibiotic is a medicine that attacks bacteria; it is given by a health worker and is widely used to treat infectious diseases.</p> <p>Denominator: All children under 5 years of age with suspected pneumonia.</p>	<ul style="list-style-type: none"> • <u>Secondary data:</u> If there is reliable and relevant secondary sources of data use them.
2.11 Malaria prevention and control		
<p>53. % people that can correctly identify at least 3 signs of malaria.</p>	<p>Numerator: Number of people who knows at least 3 signs that warrant care out of:</p> <ul style="list-style-type: none"> • Fever. • Headache. • Pain in the joints. • Sweating and chills. • Difficulty eating and drinking. • Convulsions/fits. • Vomiting. • Drowsiness and unconsciousness. <p>Denominator: All people interviewed.</p>	<ul style="list-style-type: none"> • <u>CBHFA household survey:</u> Question ML8 with frequency of at least baseline and endline and then possibly other times according to project schedule. • <u>Qualitative methods:</u> Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions.
<p>54. % households with mosquito net hanging.</p>	<p>Numerator: Number of household with any mosquito net hung over the sleeping space.</p> <p>Denominator: All households surveyed.</p>	<ul style="list-style-type: none"> • <u>CBHFA household survey:</u> Question ML5 with frequency of at least baseline and endline and then possibly other times according to project schedule. • <u>Qualitative methods:</u> Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions. • <u>Secondary data:</u> If there is reliable

Indicator	Definition	Data collection methods/sources
		and relevant secondary sources of data use them.
55. % households with pregnant women that report they have slept under an insecticide-treated mosquito net the night prior to the survey.	<p>Definition: An insecticide-treated mosquito net, or bednet, is a net that has been treated with insecticide within the previous 12 months or has been permanently treated.</p> <p>Numerator: Number of pregnant women who slept under an insecticide-treated mosquito the night prior to the survey.</p> <p>Denominator: All pregnant women covered during survey.</p>	<ul style="list-style-type: none"> • CBHFA household survey: Questions ML6, ML7 with frequency of at least baseline and endline and then possibly other times according to project schedule. • Qualitative methods: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions.
56. % households that report children under 5 years of age slept under an insecticide-treated mosquito net the night prior to the survey. MDG 6.7	<p>Definition: An insecticide-treated mosquito net, or bednet, is a net that has been treated with insecticide within the previous 12 months or has been permanently treated.</p> <p>Numerator: Number of children under 5 years of age who slept under insecticide-treated mosquito net the night prior to the survey.</p> <p>Denominator: All children under 5 years of age covered during survey.</p>	<ul style="list-style-type: none"> • CBHFA household survey: Questions ML6, ML7 with frequency of at least baseline and endline and then possibly other times according to project schedule. • Qualitative methods: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions.
57. % households that report all household members slept under mosquito net last night.	<p>Numerator: Number of households where all members present in the household slept under a mosquito net last night.</p> <p>Denominator: All households surveyed.</p>	<ul style="list-style-type: none"> • CBHFA household survey: Question ML6, ML7 with frequency of at least baseline and endline and then possibly other times according to project schedule. • Qualitative methods: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions.
2.12 HIV and sexually transmitted infections (STI)		
58. % people who correctly identify two ways of preventing the sexual transmission of HIV and reject two common misconceptions about HIV transmission. MDG 6.3	<p>Numerator: Number of people who correctly identify two ways of preventing the sexual transmission of HIV (using condoms, limiting sex to one faithful uninfected partner) and reject two common misconceptions about HIV transmission.</p> <p>Examples of common misconceptions include: a person can get HIV from a mosquito bite, by sharing food with someone who is infected, by hugging or shaking hands with an infected person or through</p>	<ul style="list-style-type: none"> • CBHFA household survey: Question HA2 with frequency of at least baseline and endline and then possibly other times according to project schedule. • Qualitative methods: Can supplement or replace household survey depending on project capacity. Methods include key

Indicator	Definition	Data collection methods/sources
	supernatural means. Denominator: All people interviewed.	informant interviews, community focus group discussions. • Secondary data: If there is reliable and relevant secondary sources of data use them.
59. % people that can correctly identify all three means of mother-to-child transmission of HIV.	Numerator: Number of people who correctly identify all three means of mother-to-child transmission of HIV 1. Transmission during pregnancy 2. During delivery 3. During breastfeeding Denominator: All people interviewed.	• CBHFA household survey: Question HA4 with frequency of at least baseline and endline and then possibly other times according to project schedule. • Qualitative methods: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions. • Secondary data: If there is reliable and relevant secondary sources of data use them.
60. % people that report using a condom in their last intercourse with a non-regular partner.	Numerator: Number of people reporting the use of a condom during sexual intercourse with their last non-marital, non-cohabiting sex partner. Denominator: Total number of people who report that they had sex with a non-marital, non-cohabiting partner in the last 12 months.	• Secondary data: If there is reliable and relevant secondary sources of data use them.
61. % people that report having risk behaviour for HIV transmission.	Definition: risk behaviour is defined as: <ul style="list-style-type: none"> • Having unprotected sex with a non-marital, non-cohabiting sexual partner • Injecting drugs – non medical, illicit such as heroin • Sharing unsterile needles, syringes or razor blades • Sexual partner injecting drugs • Having penetrative/receptive anal intercourse 	• Secondary data: If there is reliable and relevant secondary sources of data use them.
2.13 Reducing Stigma and Discrimination		
62. % people who judge or blame persons living with HIV/AIDS for their illness. UNAIDS	Numerator: Number of people who judge or blame persons living with HIV/AIDS for their illness. Denominator: All people interviewed.	• CBHFA household survey: Question SD 2 with frequency of at least baseline and endline and then possibly other times according to project schedule. • Qualitative methods: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions.
63. % People who would feel shame if they were associated a person living with HIV.	Numerator: Number of people who would feel shame if they were associated a person living with HIV.	• CBHFA household survey: Question SD3 with frequency of at least baseline and endline and then possibly other times according to project schedule.

Indicator	Definition	Data collection methods/sources
UNAIDS	Denominator: All people interviewed.	<ul style="list-style-type: none"> • <u>Qualitative methods:</u> Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions.
<p>64. % people who personally know someone who has experienced enacted stigma in the past year because he or she was known or suspected to have HIV or AIDS.</p> <p>UNAIDS</p>	<p>Numerator: people who personally know someone who has experienced enacted stigma in the past year because he or she was known or suspected to have HIV or AIDS.</p> <p>Denominator: All people interviewed.</p>	<ul style="list-style-type: none"> • <u>CBHFA household survey:</u> Question SD4 with frequency of at least baseline and endline and then possibly other times according to project schedule. • <u>Qualitative methods:</u> Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions.
2.14 Tuberculosis		
<p>65. % people that can identify at least 3 key signs of TB.</p>	<p>Numerator: Number of people who knows at least 3 key symptoms of TB out of these:</p> <ul style="list-style-type: none"> • Cough that lasts a long time (more than 3 weeks). • Coughing up blood. • Fevers. • Pain in the chest. • Night sweats. • Loss of appetite. • Rapid weight loss. • Feeling tired. <p>Denominator: Total people participating in the survey.</p>	<ul style="list-style-type: none"> • <u>CBHFA household survey:</u> Question TB2 with frequency of at least baseline and endline and then possibly other times according to project schedule. • <u>Qualitative methods:</u> Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions. • <u>Secondary data:</u> If there is reliable and relevant secondary sources of data use them.
<p>66. % people that can correctly identify at least 3 ways to prevent the spread of TB.</p>	<p>Numerator: Number of people who knows at least 3 ways to prevent the spread of TB out of:</p> <ul style="list-style-type: none"> • Opening windows. • Covering their mouth and nose when coughing and sneezing. • Recognizing signs of TB illness. • Getting prompt medical attention for evaluation and treatment. • Going to the health centre if exposed to somebody with TB. • Completing all of the TB treatment. <p>Denominator: Total people participating in the survey.</p>	<ul style="list-style-type: none"> • <u>CBHFA household survey:</u> Questions TB3, TB4, TB5 with frequency of at least baseline and endline and then possibly other times according to project schedule. • <u>Qualitative methods:</u> Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions. • <u>Secondary data:</u> If there is reliable and relevant secondary sources of data use them.
2.15 Dengue prevention and control		
<p>67. % people that can correctly</p>	<p>Numerator: Number of people who know at least</p>	<ul style="list-style-type: none"> • <u>CBHFA household survey:</u>

Indicator	Definition	Data collection methods/sources
identify at least 3 methods of dengue prevention.	three dengue prevention methods out of: <ul style="list-style-type: none"> • Wear long sleeved clothing. • Use mosquito repellents. • Put up screens on doors and windows. • Sleep under long-lasting, insecticide-treated mosquito nets (LLIN). • Cover or discard any items that collect rainwater or are used to store water. • Change water in, and clean household objects at least once a week. • Clean up areas around the house that may collect standing water. (add more as appropriate) Denominator: All people interviewed.	Question DN2 with frequency of at least baseline and endline and then possibly other times according to project schedule. <ul style="list-style-type: none"> • <u>Qualitative methods:</u> Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions.
2.16 Safe blood and voluntary blood donor recruitment		
68. # youths/volunteers as active members in Blood Donor clubs (e.g. Club 25).	Numerator: Number of active members in a Blood Donor club. Active member is a blood donor who gives blood at least twice a year (around 2 units of blood every year).	Blood donor membership records, database, and/or activity reports.
69. % people that can correctly identify at least 3 criteria of a voluntary blood donor.	Numerator: Number of people who know at least 3 criteria of voluntary blood donor out of: <ul style="list-style-type: none"> • Lead healthy lifestyles • Feel well • Are not anaemic • Are not pregnant • Have not been pregnant in the last year • Do not currently breastfeed • Do not have heart disease • Do not have low or high blood pressure • Do not have diabetes • Do not have epilepsy • Are not taking certain medications • Do not have malaria, HIV, Hepatitis B or other sexually transmitted infection (STI) or history of these Denominator: All people interviewed.	<ul style="list-style-type: none"> • <u>CBHFA household survey:</u> Question BD3 with frequency of at least baseline and endline and then possibly other times according to project schedule. • <u>Qualitative methods:</u> Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions.
70. % people that report that they or a family member donated blood in last 12 months.	Numerator: Number of people or their family members that donated blood in last 12 months. Denominator: All people interviewed.	<ul style="list-style-type: none"> • <u>CBHFA household survey:</u> Question BD1, BD2 with frequency of at least baseline and endline and then possibly other times according to project schedule. • <u>Qualitative methods:</u> Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions.
2.17 Road safety		
71. % people that can correctly	Numerator: Number of people who know at least 3	<ul style="list-style-type: none"> • <u>CBHFA household survey:</u>

Indicator	Definition	Data collection methods/sources
identify at least 3 road safety actions.	road safety actions out of: <ol style="list-style-type: none"> 1. Use a seatbelt or helmets in the case of motorcyclist. 2. Keep a safe distance from other vehicles. 3. Keep to the speed limit and adapt driving speeds to weather conditions, the state of roads and amount of traffic. 4. Obey traffic lights and highway codes. 5. Never drive after drinking alcohol or using drugs. 6. Never use mobile phone while driving. 7. Drive carefully and pay special attention to pedestrians, cyclists and all vulnerable road users. 8. Discourage children from playing on busy roads. 9. Use a light when walking on the road at night. 10. Know where to go for help when a road crash occurs and keep a list of emergency numbers. Denominator: All people interviewed.	Question RS5 with frequency of at least baseline and endline and then possibly other times according to project schedule. <ul style="list-style-type: none"> • Qualitative methods: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions.
72. % people who report they wore a helmet last time they drove a motorbike on a highway	Numerator: Number of people who wore a helmet last time they drove a motorbike on a highway. Note: Define highway based on local situation/rule. Denominator: All people who reported they drive a motorbike.	<ul style="list-style-type: none"> • CBHFA household survey: Question RS3 with frequency of at least baseline and endline and then possibly other times according to project schedule. • Qualitative methods: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions.
2.18 Excessive substance use		
73. # people provided first aid by volunteers for health related emergency due to substance overdose.	Numerator: Number of people provided first aid according to specific substance overdose according to CBHFA Volunteer Manual. Signs of substance overdose <ul style="list-style-type: none"> • Suddenly begin to vomit • Have difficulty breathing • Become confused or sleepy • Become unconscious and stop breathing 	Project monitoring/reporting system and/or volunteer report form for activities, project event forms, etc.
74. % people that can correctly identify at least X messages for prevention in _____ (excessive substance use)	Numerator: Messages for prevention in excessive substance use (List messages disseminated by programme) Replace X by appropriate number. Denominator: All people interviewed	<ul style="list-style-type: none"> • CBHFA household survey: Question ES1 with frequency of at least baseline and endline and then possibly other times according to project schedule. • Qualitative methods: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions.
2.19 Noncommunicable diseases		
75. % # adults with heavy episodic	Heavy episodic drinking is defined as drinking at least	<ul style="list-style-type: none"> • CBHFA household survey:

Indicator	Definition	Data collection methods/sources
drinking. WHO	60 grams or more of pure alcohol on at least one occasion in the past seven days. It is drinking that causes detrimental health and social consequences for the drinker, the people around the drinker and society at large. An adult is a person 18 years of age and above. Numerator: Number of adults with heavy episodic drinking. Denominator: All adults interviewed.	Questions NC1-NC5 with frequency of at least baseline and endline and then possibly other times according to project schedule. <ul style="list-style-type: none"> • Qualitative methods: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions. • Secondary data: If there is reliable and relevant secondary sources of data use them.
76. % # adults that is physically active at least 60 minutes daily. WHO	A physically active adult does 150 minutes or more of moderately intense activity daily. An adult is a person 18 years of age and above. Numerator: Number of adults that is physically active at least 60 minutes daily. Denominator: All adolescents interviewed.	<ul style="list-style-type: none"> • CBHFA household survey: Questions NC6-NC8, NC12-NC14 with frequency of at least baseline and endline and then possibly other times according to project schedule. • Qualitative methods: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions. • Secondary data: If there is reliable and relevant secondary sources of data use them.
77. % # adults currently using tobacco. WHO	An adult is a person 18 years of age and above. Numerator: Number of adults currently smoking tobacco products such as cigarettes, cigars or pipes. Denominator: All adults interviewed.	<ul style="list-style-type: none"> • CBHFA household survey: Questions NC18 – NC20 with frequency of at least baseline and endline and then possibly other times according to project schedule. • Qualitative methods: Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions. • Secondary data: If there is reliable and relevant secondary sources of data use them.
78. % # adults with raised blood pressure. WHO	Raised blood pressure is defined as systolic blood pressure ≥ 140 mmHg and/or diastolic blood pressure ≥ 90 mmHg. An adult is a person 18 years of age and above.	<ul style="list-style-type: none"> • CBHFA household survey: Question NC21 - NC23 with frequency of at least baseline and endline and then possibly other times according to project

Indicator	Definition	Data collection methods/sources
	<p>Numerator: Number of adults (aged 18 years and above) with raised blood pressure.</p> <p>Denominator: All adults interviewed.</p>	<p>schedule.</p> <ul style="list-style-type: none"> • <u>Qualitative methods:</u> Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions. • <u>Secondary data:</u> If there is reliable and relevant secondary sources of data use them.
<p>79. % # adults that is overweight and obese.</p> <p>WHO</p>	<p>An adult is overweight if his/her body mass index is $\geq 25 \text{ kg/m}^2$; and obese if his/her body mass index is $\geq 30 \text{ kg/m}^2$.</p> <p>An adult is a person 18 years of age and above.</p> <p>Numerator: Number of adults (aged 18 years and above) that are overweight and obese.</p> <p>Denominator: All adults measured.</p>	<ul style="list-style-type: none"> • <u>CBHFA household survey:</u> Physical measurement with frequency of at least baseline and endline and then possibly other times according to project schedule. • <u>Secondary data:</u> If there is reliable and relevant secondary sources of data use them.
2.20 Violence prevention		
<p>80. % of people who disagree with the statement: “There are certain situations in a family when it is okay to hit someone else”.</p>	<p>Numerator: Number of persons that disagrees with the statement: “There are certain situations in a family when it is okay to hit someone else”.</p> <p>Denominator: All people interviewed.</p>	<ul style="list-style-type: none"> • <u>CBHFA household survey:</u> Question VP2 with frequency of at least baseline and endline and then possibly other times according to project schedule. • <u>Qualitative methods:</u> Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions.
<p>81. % of people who agree with the statement: “A woman always has the right to refuse sexual contact”.</p>	<p>Numerator: Number of persons that agrees with the statement: “A woman always has the right to refuse sexual contact”.</p> <p>Denominator: All people interviewed.</p>	<ul style="list-style-type: none"> • <u>CBHFA household survey:</u> Question VP3 with frequency of at least baseline and endline and then possibly other times according to project schedule. • <u>Qualitative methods:</u> Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions.

Indicator	Definition	Data collection methods/sources
82. % of people that can identify at least 2 safe ways to discipline a child.	<p>Numerator: Number of persons that knows at least 2 safe ways to discipline a child out of:</p> <ul style="list-style-type: none"> • Separating yourself from the child • Reasoning with the child • Taking away a child’s privileges for a limited time • Modelling the behaviour you want your child to follow <p>Denominator: All people interviewed.</p>	<ul style="list-style-type: none"> • <u>CBHFA household survey:</u> Questions VP6 with frequency of at least baseline and endline and then possibly other times according to project schedule. • <u>Qualitative methods:</u> Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions.
83. % of people that can list 2 actions to respond to sexual violence.	<p>Numerator: Number of people that knows 2 actions to take to respond to sexual violence out of:</p> <ul style="list-style-type: none"> • Get the person being hurt to safety • Get help immediately • Speak up to bring attention to violence • Make it clear to the inflictor that violence is unacceptable and must stop immediately • Talk to someone else in the home or community who can help <p>Denominator: All people interviewed.</p>	<ul style="list-style-type: none"> • <u>CBHFA household survey:</u> Questions VP8 with frequency of at least baseline and endline and then possibly other times according to project schedule. • <u>Qualitative methods:</u> Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions.
84. % of people that can list 2 actions to take if a person discloses violence.	<p>Numerator: Number of people that knows 2 actions to take if a person discloses violence out of:</p> <ul style="list-style-type: none"> • Listen to the person and show empathy • Comfort the person • Take the person to a safe place • Know the community resources and support systems • If it involves a child, report the violence immediately to a helping resource in the community <p>Denominator: All people interviewed.</p>	<ul style="list-style-type: none"> • <u>CBHFA household survey:</u> Questions VP10 with frequency of at least baseline and endline and then possibly other times according to project schedule. • <u>Qualitative methods:</u> Can supplement or replace household survey depending on project capacity. Methods include key informant interviews, community focus group discussions.

1.5 M&E Plan template

After selection of indicators the M&E plan should be developed. The M&E plan expands the elements in the logframe matrix to identify key informational requirements for each indicator. It is a critical tool for planning and managing data collection, analysis and use. The M&E plan takes the logframe one stage further to support project/programme implementation and management.

Explanation of each column in an M&E plan and their key considerations:

- 1. The indicator column** provides an indicator statement of the precise information needed to assess whether intended changes have occurred. SMART (specific, measurable, achievable, relevant, and time-bound) is a well-known formula to help develop quality indicator statements. Critical indicators for CBHFA are presented in the Indicator Guide.
Indicators are typically taken directly from the logframe, and can be either quantitative (numeric) or qualitative (descriptive observations). When completing an M&E plan, the indicator may need to be revised upon closer examination and according to field realities.
- 2. The definition column** defines any key terms in the indicator that need further detail for precise and reliable measurement. It should also explain precisely how the indicator will be calculated, such as the numerator and denominator of a per cent measure. This column should also note if the indicator is to be disaggregated by sex, age, ethnicity, or some other variable.
- 3. The methods/sources column** identifies sources of information and data collection methods and tools, such as the use of secondary data, regular monitoring or periodic evaluation, baseline or endline surveys, and interviews. While the “Means of Verification” column in a logframe may list a data source or method, e.g., “household survey,” the M&E plan provides more detail, such as the sampling method, survey type, etc. This column should also indicate whether data collection tools (e.g. questionnaires, checklists) are pre-existing or will need to be developed.
- 4. The frequency/schedules column** states how often the data for each indicator will be collected, such as weekly, monthly, quarterly, annually, etc. It also states any key dates to schedule, such as start-up and end dates for collection or deadlines for tool development. When planning, it is important to consider factors that can affect data collection timing, such as seasonal variations, school schedules, holidays, and religious observances (e.g. Ramadan).
- 5. The person/s responsible column** lists the people responsible and accountable for the data collection and analysis, e.g., community volunteers, field staff, project managers, local partner/s, and external consultants. In addition to specific people’s names, use the position title to ensure clarity in case of personnel changes.

- 6. The information use/audience column** identifies the primary use of the information, and its intended audience. This column can also state ways that the findings will be formatted (e.g., tables, graphs, maps, histograms, and narrative reports) and disseminated (e.g., internet websites, briefings, community meetings, listservs, and mass media).

Often some indicators will have the same information use/audience. Some examples of information use for indicators include:

- Monitoring project implementation for decision making
- Evaluating impact to justify intervention
- Identify lessons for organizational learning and knowledge sharing
- Assessing compliance with donor or legal requirements
- Reporting to senior management, policy makers or donors for strategic planning
- Accountability to beneficiaries, donors, and partners
- Advocacy and resource mobilization

SMART and other guidance for indicator development is addressed in more detail in the IFRC *Project/Programme Planning Guidance Manual, page 35*.

"Project Name" M&E Plan					
Indicator	Indicator definition (& unit of measurement)	Data collection methods/sources	Frequency & schedule	Responsibilities	Information use/audience
GOAL:					
Indicator G.a					
Assumption G.a					
OUTCOME 1:					
Indicator 1.a					
Indicator 1.b					
Indicator 1.c					
Assumption 1.a					
OUTPUT 1.1:					
Indicator 1.1a					
Assumption 1.1a					
OUTPUT 1.2:					
Indicator 1.2a					
Assumption 1.2a					
OUTCOME 2:					
Indicator 2.a					
Assumption 2a					
OUTPUT 2.1:					
Indicator 2.1a					
Assumption 1.1a					
OUTPUT 2. 2:					
Indicator 2.2a					
Assumption 2.2a					
<i>*Continue adding objectives and indicators according to project logframe.</i>					

2. Monitoring tools/templates:

Monitoring refers to the routine collection and analysis of information in order to track progress, check compliance and make informed decisions for project/programme management. It is aimed at improving the efficiency and effectiveness of a project or organisation. It is based on targets set and activities planned during the planning phases of work. It helps to keep the work on track, and can let management know when things are going wrong. If done properly, it is an invaluable tool for good management, and it provides a useful base for evaluation. It enables you to determine whether the resources you have available are sufficient and are being well used, whether the capacity you have is sufficient and appropriate, and whether you are doing what you planned to do.

Monitoring involves:

- Establishing indicators of efficiency, effectiveness and impact;
- Setting up systems to collect information relating to these indicators;
- Collecting and recording the information;
- Analysing the information;
- Using the information to inform day-to-day management.

CBHFA monitoring and reporting start at the community level with a record book for volunteer and facilitation guide for home visits. This information will inform the community level monthly report. Community level monthly reports will also include data on activities undertaken by community/village health committees to implement CBHFA. Community level monthly report will inform branch level monthly reports with additional information on branch level activities like training etc. The on-going supervision of programme activities will be facilitated by supportive supervision checklists, and to record the status of implementation at community/village level a community/village health committee supervision checklist is included.

Tools included in the toolkit:

- 2.1. Volunteer record book
- 2.2. Home visit guides
- 2.3. Supportive supervision checklist
- 2.4. Community Health Committee visit and community satisfaction checklist

CBHFA monitoring and reporting start at the community level with a record book for volunteer and facilitation guide for home visits. This information will inform the community level monthly report. Community level monthly reports will also include data on activities undertaken by community/village health committees to implement CBHFA. Community level monthly report will inform branch level monthly reports with additional information on branch level activities like training etc. The on-going supervision of programme activities will be facilitated by supportive supervision checklists, and to record the status of implementation at community/village level a community/village health committee supervision checklist is included.

A one page template is also available for “reporting” back to communities on CBHFA progress and informing about future plans.

The record book is for volunteers and it should be promoted as the volunteer's tool rather than a data collection mechanism. This will help volunteers to record their contribution to their own community through CBHFA. The information is worded in the person to illustrate that a volunteer is responsible for himself and recording information for himself. A volunteer can record details of 3 days on a page and put the total in the last column. Space is also available to record qualitative information such as topics discussed, information shared and support required. Volunteers can also express their feelings by marking emoticons.

Issues of literacy: Using this diary requires basic literacy (reading and writing). We assume that in most of the cases we will have volunteers with basic literacy but sometimes it may not be possible to have such volunteers. In such cases other volunteers/family members can help volunteers to write information in the record book. If literacy is a big issue this record book should not be used and other methods need to be worked out.

Generic activities are listed in the record books. NS must modify them as per their needs and implementation plan.

The observations must be shared later with the implementation team with recommendations. This tool can also be used for management decisions for rewards and recognition of good work, and finding out areas of professional development for project staff.

Further information on monitoring can be obtained in the IFRC *Project/Programme Monitoring and Evaluation (M&E) guide* at: <http://www.ifrc.org/mande> or <https://fednet.ifrc.org/en>

2.1 A RECORD BOOK FOR COMMUNITY VOLUNTEERS



Community Based Health and First Aid (CBHFA)

National Society /Branch name
Address

Personal Information:

Name of volunteer:

Home address:

Contact number:

Name of community:

Name of supervisor/team leader:

Address of supervisor/team leader:

Contact number:

Contact people at local Red Cross/Red Crescent office

1. _____

Contact number: _____

2. _____

Contact number: _____

3. _____

Contact number: _____

My area of responsibility: _____

Number of households I am responsible for:

How to use this record book:

This book is to help you to record the effort and contributions you have made in implementing the CBHFA programme. This will also help you in planning activities and sharing your learning and feedback to your Red Cross/Red Crescent National Society.

Fill in this book whenever you participate in any activity related to CBHFA or work in the community for CBHFA.

Instructions:

Write your name, the name of your community, supervisor and contact people on page 2.

Fill in the table on page 42 like this:

Date : Write the date on which you participate in any CBHFA activity or work yourself in the community for CBHFA.

Enter numbers against the activities you conducted on that day:

Home visits : Record the number of households visited on that day to disseminate CBHFA messages.

Group meetings : Record the number of meetings organized on that day to disseminate CBHFA messages.

First aid : Record the number of people you have provided first aid on that day.

Referral : Record the number of sick people you have referred to a health facility on that day.

IEC material : Record the number of people to whom you have distributed IEC material on that day.

People reached : Record the number of people you have reached for the first time during this year by any of the above activities. Separate by gender.

Time : Record how many hours you have worked for CBHFA that day.

Note that you have to record a number for each activity undertaken that day. Put “0” against any activity which was not conducted that day.

After you have filled in details for 3 days (not necessarily consecutive days) put the total in the last column. Carry forward this total to the next page and write in the “**From last page**” column. Repeat this for the whole month, restarting counting from the next month.

Core principles of good messages:

Communicate a benefit
Keep it simple
Call to action

Activities ³	From last page	Date	Date	Date	Total
 Home visits: How many households have I visited today?					
 Group meeting: How many group meetings have I conducted today?					
 First aid: I have provided first aid to _____ people today.	M: F:	M: F:	M: F:	M: F:	M: F:
 Referral: I have referred _____ people to the health facility.	M: F:	M: F:	M: F:	M: F:	M: F:
 IEC material: I have distributed IEC material to _____ people.	M: F:	M: F:	M: F:	M: F:	M: F:
 People reached: How many NEW ⁴ people have I reached today?	M: F:	M: F:	M: F:	M: F:	M: F:
 Time: I have worked for approximately _____ hours today					

Topics I discussed during household visits and in group meetings: _____

I talked to the community about adopting a healthy behavior : _____

Who I talked to in the community: _____

How I provided support to the community: _____

Messages I communicated in the community: _____

³ Change/add activities as per the programme design

⁴ People reached first time during this year

Topics I discussed when distributing IEC material: _____

I need support for: _____

How I am feeling about working with Red Cross/Red Crescent's CBHFA

Great 	Nothing special 	Things can be improved 
--	--	---

2.2 Home visit guide

2.2a Home visit facilitation guide for diarrhoea⁵ prevention and oral rehydration solution (ORS) promotion

Target Group: All household members and in particular carers of children under 5 years of age.

Use the guide for home visits for diarrhoea prevention and ORS promotion. As soon as you reach the household, introduce yourself and explain purpose of your visit to the household and ask mainly the mother, father or elderly carer to give you some time. Use the community tool on diarrhoea prevention.

Introduction and purpose: Hello! My name is _____ and I am a Red Cross/Red Crescent volunteer. I am visiting your household to talk about prevention of diarrhoea and use of oral rehydration solution.

No	Facilitative questions	Response & action
1.	Do you know about diarrhoea?	Yes/No, if no, tell about diarrhoea.
2.	What will you do if your child suffered from diarrhoea?	Listen carefully.
3.	What are the causes of diarrhoea?	Listen carefully and clarify the causes of diarrhoea, if needed.
4.	Do you know how you can prevent diarrhoea?	Listen carefully and advise on hand washing before eating and after defecation, proper disposal of stools, use of safe and clean water for drinking and cooking.
5.	Do you know where you can get an ORS sachet from?	Yes/No, Tell about the ORS sachet and source.
6.	Do you know how to make ORS at home?	Yes/No, Tell how to make ORS at home.
7.	Once ORS is ready, how will you give ORS to the child?	Listen carefully and explain the correct amount of ORS to be given to children according to age.
8.	What other things can you give to the child, if he/she has diarrhoea?	Listen carefully and advise about the other liquids which can be given in absence of ORS.
9.	What food (solid/liquid) will you give to a child with diarrhoea?	Listen carefully and advise to give more than usual quantity of solid/liquid during and after diarrhoea. Advise lactating mothers to continue breastfeeding.
10.	Inform them about Red Cross/Red Crescent activities implemented in the community.	Suggest that they participate in Red Cross/Red Crescent activities and thank them for spending time with you.

Remember:

Core principles of good messages:
Communicate a benefit
Keep it simple
Call to action

⁵ Use local terms

2.2b Home visit facilitation guide for malaria prevention

Target group: - All household members.

Use the guide for home visits for the prevention of malaria. As soon as you reach the household introduce yourself and explain the purpose of your visit to the household and ask one or two household members to give you some time. Use the community tool on malaria prevention.

Introduction and purpose: Hello! My name is _____ and I am a Red Cross/Red Crescent volunteer. I am visiting your household to talk about preventing malaria.

No	Facilitative questions	Response & Action
1.	Do you know about malaria?	Yes/No, if no Tell about malaria.
2.	Do you know that malaria is a disease spread by mosquitos?	Yes/No, tell them it is a disease spread by mosquitos.
3.	Do you know the signs of malaria?	Listen carefully and clarify signs if required.
4.	Do you know how to prevent malaria? Tell me two ways to prevent getting malaria.	1..... 2..... Explain two ways to prevent malaria.
5.	Who are the people at high risk of getting malaria?	Listen carefully; explain that pregnant women and children under five years of age are at high risk of getting malaria.
6.	Do you use mosquito nets in your family?	Yes/No, Tell them to use mosquito nets, treated with insecticide if available, to prevent mosquito bites, and explain the proper use of nets.
7.	Do you know where to get medicine for malaria?	Yes/ No, Explain that medicines for malaria are available at _____ and it's important to complete the full course of the treatment.
8.	Do you know which fish can eat the mosquito larvae and help in preventing malaria?	Yes / No, explain about Gampusia & Cappies fish. Advise them to put these fish in the pond and water tank.
9.	Inform them about Red Cross activities implemented in the community.	Suggest that they participate in Red Cross activities and thank them for spending time with you.

Remember:

Core principles of good messages:

Communicate a benefit
Keep it simple
Call to action

2.2c Home visit guide for tuberculosis prevention

Target Group: All household members

Use this guide for home visits for tuberculosis prevention. As soon as you reach the household introduce yourself and explain the purpose of your visit to the household and ask one or two household members to give you some time. Use the community tool on tuberculosis prevention.

Introduction and purpose: Hello! My name is _____ and I am a Red Cross/Red Crescent volunteer. I am visiting your household to talk about tuberculosis prevention.

No	Facilitative Questions	Response & action
1.	Do you know about tuberculosis or TB?	Yes/No Explain about tuberculosis
2.	Do you know the signs and symptoms of tuberculosis?	Yes/No Listen careful and explain the major signs of tuberculosis
3.	Do you know how tuberculosis is spread from one person to another?	Yes/No Listen careful and explain how tuberculosis is spread.
4.	Do you know why we need to cover the mouth and nose while coughing or sneezing?	Yes/No Explain the importance of covering the mouth and nose while coughing or sneezing
5.	Are you aware of DOTs?	Yes/No Tell about the DOT treatment.
6.	Has anybody in your household had a cough for more than three weeks?	Yes/ No If yes, go to next question
7.	What did you do for him/her?	Listen to their response and tell them to go to the PHC for a medical checkup for tuberculosis (if they have not already done this)
8.	Do you know that persons with tuberculosis need to take nutritious food, especially high protein and vitamin diets?	Yes/ No Explain the importance of a balanced diet.
9.	Inform them about Red Cross activities implemented in the community.	Suggest that they participate in Red Cross activities and thank them for spending time with you

Remember:

Core principles of good messages:

Communicate a benefit
Keep it simple
Call to action

2.3 Supportive Supervision checklist

Field visits are important for CBHFA implementation. Lots of field visits are made by project staff to help volunteers and field staff in organizing activities, monitor project implementation and get feedback from volunteers and communities about CBHFA processes.

It is important to plan these visits in order to get feedback on all essential elements of programme implementation. This tool will help you rate qualitatively the key findings with supporting reasons for ratings. Good ratings can be used later to develop case studies and others can be used to discuss challenges and lessons.

This tool can be used by management staff, supervisors and M&E team members during their field trips. Observations and recommendations must be shared later with the implementation team including volunteers and field staff.

This tool can also be used to support management decisions to recognize and reward good work and identify areas of professional development for project staff.

Supportive Supervision Checklist

Date of visit: ____/____/____ Time: From _____ to _____

Community visited: _____

Activity/event observed: _____

Objective of activity/event: _____

Key observation and comments (Please tick one option and put comment below)

Observation	Good	Average	Poor
Activity organized as planned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:			
Participants as per expected level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:			
Key message delivered correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:			
Volunteer participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:			
Volunteer motivation level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:			
Community involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:			

2.4 Community health committee visit and community satisfaction checklist

Community health committee visit checklist

In order to confirm CBHFA implementation status, it is important to monitor key issues at the community level with the community health committee. The CBHFA branch coordinator⁶ can visit each community quarterly and conduct the review.

Check each area listed in the community health committee visit checklist. Fill in short comments for each area. After the review share the findings with the teams involved at the community level.

Community satisfaction

Form small groups of 8 – 10 community members (women, men, youth and others as appropriate) and find out how they are feeling about project implementation. Use these questions to facilitate discussion:

1. To what extent have you participated in CBHFA⁷ activities? If yes, which activity? If no why not? Not much – sometimes - regularly
2. How have you benefited from the activity?
3. How have you benefited by having volunteers in your community?
4. Are you satisfied by the overall program? Yes/no
5. What more can be done to improve CBHFA implementation

One copy of the report should be left with the volunteer team leader/community health committee and another can be placed in the branch office.

For more information see: IFRC *Project/programme monitoring and evaluation (M&E) guide, page 40: Establish stakeholder complaints and feedback mechanisms; and page 103: Annex 11: Project/programme feedback form.*

⁶ Change as appropriate for the National Society

⁷ Use local name

2.4a Community health committee visit

(To be administered quarterly by CBHFA Branch Coordinator)

Branch name:

Name of community:

Supervisors:

Date of supervision:

Period covered:

Criteria	Categories	Score and comments
1. CBHFA plan of action	0. Absent 1. Present, last updated over 12 months 2. Present, updated between 6-12 months 3. Present, updated less than 6 months	
2. Implementation of prioritized/agreed activities in plan of action	0. No Implementation 1. <25% activities implemented 2. 25-50% activities implemented 3. 50-75% activities implemented 4. >75% activities implemented	
3. Meetings on CBHFA	0. No meetings in quarter 1. 1 recorded meeting in quarter 2. 2 recorded meetings in quarter 3. 3 or more recorded meetings in quarter	
4. Status of community level monthly report <i>3 monthly reports must be submitted for each quarter of supervision (reference)</i>	0. None submitted 0. Late submission – 1 report 1. On-time submission – 1 report 1. Late submission – 2 reports 2. On-time submission – 2 reports 2. Late submission – 3 reports 3. On-time submission – 3 reports	
5. Coordination and/or linkages with other existing activities in the community	0. No coordination and/or linkages 1. Information sharing/meetings 2. Action or joint activities	
6. Display of IEC materials and progress summaries on community sign boards	0. None displayed 1. Displayed not up-to-date 2. Displayed and up-to-date	
7. Recruited community health volunteers ⁸	0. No recruitment 1. 1 per more than 40 households 2. 1 per 20-40 households 3. 1 per 20 households	
	Total Score	

Performance	Score
Good	≥14 (≥70%)
Average	8-13
Needs improvement	≤7

⁸ Change categories as appropriate

3. Evaluation tools/templates

An evaluation is an assessment as systematic and objective as possible of an ongoing or completed project/programme, its design, implementation and results. The aim is to determine the relevance and fulfillment of objectives, development efficiency, effectiveness, impact and sustainability. There is a range of evaluation types which can be categorized in a variety of ways, i.e. midterm evaluation, final evaluation etc. The approach and method used in an evaluation is ultimately determined by the audience and the purpose of the evaluation.

As with monitoring, it is critical that reliable indicators are identified during the planning phase for the purposes of evaluation at various stages in the project/programme, whether it is a mid-term or a final evaluation. Evaluation in turn informs the new planning process, whether it is for the continuation of the same intervention, for the implementation of a new intervention or for ending the intervention.

Getting information for evaluation:

The methods for information collecting need to be built into the CBHFA M&E plan. There should be a steady stream of information flowing into the project or organisation about the work and how it is done, without overloading anyone. The following methods can be used to collect information for evaluation:

- Case studies
- Recorded observation
- Diaries
- One-on-one interviews
- Focus groups
- Systematic review of relevant official statistics
- Sample surveys

Oftentimes, a survey is used during a baseline, but a baseline does not always have to be quantitative, especially when it is not practical for the project budget and timeframe; sometimes, it may be more appropriate to use qualitative methods, or a combination of both methods. Sometimes, the information from a needs assessment, or vulnerability capacity assessment (VCA), can be used in a baseline study.

An endline study measures the same conditions at a later point in time to compare with the baseline data. It typically coincides with or is part of an assessment, such as a final evaluation. If a baseline study has been conducted, then it would be a waste of time and resources if an endline study was not also done to compare data! However, it is critical that both the baseline and endline studies use the same indicators and measurement methodologies so that they can be consistently and reliably measured at different points in time for comparison.

Tools included in the kit:

3.1 Survey questionnaire

3.2 Survey data entry

Further information on evaluation can be obtained from the IFRC *Project/Programme Monitoring and Evaluation (M&E) guide* and IFRC *Baseline Basics* at <http://www.ifrc.org/mande> or FedNet.

Additional information

Rule of thumb: Sample size 380 usually enough for a simple random or stratified random sample. However, consider:

Size of the expected baseline prevalence

- If you are measuring a rare event this complicates matters (where the count for the event will be ≤ 1 in our sample) e.g. a thalassaemia in Thailand 10/1000 prevalence so a sample of 100 would yield only 1 case.
- If our population estimate is 50% (hand wash post defecation) this is where confidence intervals will be at their widest

The expected change/improvement possible

- Our sample would have to be 1356 to precisely detect a reduction of 30% in Thai thalassaemia* (ie reduced to 7/1000)
- In handwashing a similar improvement of 0.3% would take 4356 to detect but it is meaningless. We would want 10% improvement at least, which requires only 388.

Rule of thumb: Sample size 400 enough if 40+ clusters However, consider:

Size of the expected baseline prevalence

- If you are measuring a rare event this complicates matters (where the count for the event will be ≤ 1 in our sample) e.g. a thalassaemia in Thailand 10/1000 prevalence so a sample of 100 from 20 clusters may yield 0 cases.
- If our population estimate is 50% (hand wash post defecation) this is where confidence intervals will be at their widest and will vary by cluster (access to water/latrines).

The expected change/improvement possible

- Our sample would have to be 1800 to precisely detect a reduction of 30% in Thai thalassaemia (ie reduced to 7/1000)
- In handwashing an improvement of 1% takes 19,500 (130 clusters of 150) to detect; again, meaningless. For 14% change requires 430 from 36 clusters (12 from each).
- <http://www.sph.emory.edu/~cdckms/samplesize%20icc%20deff2.html>

There are numerous online sample calculators, such as www.surveysystem.com/sscalc.htm

and www.raosoft.com/samplesize.html Open Epi sampling calculator for complex designs

<http://www.sph.emory.edu/~cdckms/samplesize%20icc%20deff2.html>

See more at: <http://www.ifrc.org/mande#sthash.3sFjVbdp.dpuf>

Free Software

Random number generator (without replacement) – note that Excel uses replacement so can select same village 2x <http://stattrek.com/Tables/Random.aspx>

Epi Info <http://www.cdc.gov/EpiInfo/epiinfo.htm>

3.1 BASELINE / ENDLINE SURVEY QUESTIONNAIRE

HOUSEHOLD INFORMATION PANEL		CODE: HH
HH1. Province: _____	HH2. District: _____	
HH3. Village: _____	HH4. Household number: __ __	
HH5. Interviewer name and number: Name _____ __ __	HH6. Supervisor name and number: Name _____ __ __	
HH7. Day / Month / Year of final interview: ___ ___ / ___ ___ / ___ ___		
Attempt 1: Date ___ ___ / ___ ___ / ___ ___ Result: _____	Attempt 2: Date ___ ___ / ___ ___ / ___ ___ Result: _____	Attempt 3: Date ___ ___ / ___ ___ / ___ ___ Result: _____
HH8. Final result ¹⁰ of household interview: _____ Result code: 1 Completed 3 Postponed 5 Partly Completed 7 Other (Specify) _____ 2 Not At Home 4 Refused 6 Incapacitated		

Respondent selection

Objective: Select appropriate respondents for survey topics. A snapshot of appropriate respondents is presented on following page .

INFORM AND CONSENT

“We are from [RC NS]. We are working on a project concerned with family health. I would like to talk to you about this. The interview will take about XX¹¹ minutes. This information will help the Red Cross/Red Crescent to help identify health priorities in your communities and assess whether it is meeting its goals. All the information we obtain will remain strictly confidential and your answers will never be identified. Also, you are not obliged to answer any question you don’t want to, and you may withdraw from the interview at any time.

“At this time, do you want to ask me anything about the survey? May I start now?”

- Yes, permission is given ⇒ Go to BC1 and then begin the interview.
- No, permission is not given ⇒ Complete HH8. Discuss this result with your supervisor.

¹⁰ Fill in this information after completion of the survey.

¹¹ Replace ‘XX’ by appropriate minutes after pretest.

Respondent selection for the CBHFA survey

Topic	Respondent	Selection
Safe motherhood	Women with children under 2 years of age	<ol style="list-style-type: none"> 1. Randomly select HH with children under 2. 2. Interview mother of children under 2. 3. If there are 2 children of the same women in the household, refer questions to the younger one. 4. If there are 2 or more children with different women in the household interview both separately
Care of a newborn	Caretakers of children under 2 years of age	1. Randomly select HH with children under 2.
Immunization and vaccination campaigns	Caretakers of children under 2 years of age	2. Interview primary caretaker (preferably mother) of children under 2.
Nutrition	Caretakers of children under 2 years of age	
Family planning	Married women of age 15-49 years	<ol style="list-style-type: none"> 1. Randomly select HH 2. Randomly select a married woman
Acute Respiratory Infections (ARI)	Caretakers of children under 5 years of age	1. Randomly select HH with children under 5.
Diarrhoea & dehydration	Caretakers of children under 5 years of age	2. Interview primary caretaker (preferably mother) of children under 5.
Tuberculosis (TB)	Any adult member of HH	
HIV & sexually transmitted infections (STI)	Any adult member of HH	
Reducing stigma & discrimination	Any adult member of HH	
Safe water, hygiene and sanitation	Any adult member of HH	
Malaria prevention & control	Any adult member of HH	
Dengue prevention & control	Any adult member of HH	
Basic first aid and injury prevention	Any adult member of HH	
Community mobilisation in major emergencies	Any adult member of HH	
Road safety	Any adult member of HH	
Safe blood and voluntary blood donor recruitment	Any adult member of HH	
Excessive substance use	Any adult member of HH	
Noncommunicable diseases (NCD)	Any adult member of HH	
Violence prevention	Any adult member of HH	

Start speaking with an adult member of household

TOPIC: SELECTION OF RESPONDENT ¹²		CODE	SL
#	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SL1	How many people aged 18 or older currently live in this household?	<input type="checkbox"/> <input type="checkbox"/>	If 1, go to next topic
SL2	Among all household members whose birthday has occurred most recently?	_____ (First name)	If respondent names him/her self go to next topic
SL3	Can I talk to him/her?	YES 1 NO/NOT AVAILABLE NOW 0	<input type="checkbox"/> NEXT TOPIC
SL4	When he/she will be available for this survey? (RECORD DATE AND TIME)	_____ _____	
THANKS THE RESPONDENT AND REVISIT HOUSEHOLD ON GIVEN DATE AND TIME TO COMPLETE INTERVIEW			

¹² To be used if survey topic requires a randomly selected adult.

TOPIC: BACKGROUND CHARACTERISTICS OF RESPONDENT		CODE		BC
#	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
BC1	Number of people in household (ALL PERSONS LIVING UNDER ONE ROOF OR OCCUPYING A SEPARATE HOUSING UNIT, WHERE THE MEMBERS ARE RELATED BY BLOOD OR LAW/PARTNERSHIP, SO CONSTITUTE A FAMILY, AND NOT INCLUDING MEMBERS WHO MAY HAVE A DIFFERENT FAMILY HEAD[S])		Male	
			Female	
		INFANTS 0-11 months		
		CHILDREN 1-4 years		
		CHILDREN 5-14 years		
		AGE 15-49 years		
	Above 50 years			
BC2	Sex of the respondent	MALE	1	
		FEMALE	2	
BC3	What is your caste/ethnicity? (WRITE CASTE/ETHNICITY ON LINE PROVIDED AND CODE ¹³)	_____	<input type="checkbox"/>	
		(CASTE/ETHNICITY)		
BC4	How old are you? (AGE OF RESPONDENT WRITE IN COMPLETED YEARS)	<input type="checkbox"/> <input type="checkbox"/>		
BC5	Have you ever been to school?	YES	1	<input type="checkbox"/> BC7
		NO	0	
BC6	What is the highest grade ¹⁴ that you have completed?	PRIMARY	1	
		MIDDLE	2	
		SECONDARY	3	
		GRADUATE OR ABOVE	4	

¹³ Create appropriate code at the beginning of survey.

¹⁴ Change categories as per requirement.

TOPIC: FIRST AID		CODE	FA
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
FA1	Have you ever attended any training program to learn basic first aid?	YES NO	1 0 <input type="checkbox"/> FA6
FA2	When did you attend this training program? IF 24 MONTHS OR MORE THE ANSWER MUST BE RECORDED IN YEARS.	MONTHS AGO 1 <input type="text"/> <input type="text"/> YEARS AGO 2 <input type="text"/> <input type="text"/>	
FA3	Who organized this training program?	RED CROSS/RED CRESCENT OTHER (SPECIFY) _____	1 2
FA4	After you had assessed the situation, what would you do to administer first aid to a person with _____ ¹⁶ ? ASK: Anything else? DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED.	 DON'T KNOW FILL IN RESPONSE CATEGORY AS APPRIORATE ACCORDING TO FIRST AID MANUAL.	A B C D E F Y
FA5	What will be your first action if you see someone is bleeding? If the respondent say "will call for help." Probe what else you will do?	PUT PRESSURE TO STOP BLEEDING OTHER (SPECIFY) _____ DON'T KNOW	A X Y
FA6	What will be your first action if you see someone has been burnt? If the respondent say "will call for help." Probe what else you will do?	PUT COLD CLEAN WATER ON THE BURNED AREA OTHER (SPECIFY) _____ DON'T KNOW	A X Y
FA7	Did you at any occasion last year injure yourself and was given first aid by a volunteer?	YES NO DON'T KNOW	1 0 9

¹⁶ Write the priority first aid and injury issue that was identified during the community assessment. Repeat question with other priority first aid and injury issues as required.

TOPIC: COMMUNITY MOBILISATION IN MAJOR EMERGENCIES		CODE	CM
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
CM1	<p>What would you do to respond safely to a disaster?</p> <p>MULTIPLE ANSWERS POSSIBLE.</p> <p>ASK: Anything else?</p> <p>DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED.</p>	<p>LISTEN TO THE MEDIA AND OTHER RELIABLE SOURCES AND FOLLOW ADVICE A</p> <p>FOLLOW ADVICE ISSUED BY THE GOVERNMENT / LOCAL AUTHORITIES B</p> <p>MOVE IMMEDIATELY TO THE NEAREST SAFE EVACUATION PLACE WITH FAMILY MEMBERS C</p> <p>FOLLOW SAFE ROUTE TO REACH SHELTER SITE D</p> <p>TAKE WATER, FOOD, AND ESSENTIAL ITEMS TO THE SHELTER SITE E</p> <p>GO BACK HOME ONLY WHEN AUTHORITIES DECLARE THAT THE SITUATION IS SAFE F</p> <p>HELP EVACUATE AND/OR RESCUE THE OTHERS, WHILE NOT PUTTING SELF IN DANGER G</p> <p>PROVIDE FIRST AID IF QUALIFIED H</p> <p>BE CALM AND QUIET I</p> <p>DON'T KNOW Y</p> <p>OTHER (SPECIFY) _____ X</p>	
CM2	<p>Did you receive psychosocial support from a volunteer following the disaster/epidemic?</p>	<p>YES 1</p> <p>NO 0</p> <p>DON'T KNOW 9</p>	

TOPIC: FAMILY PLANNING		CODE	FP
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
FP1	Are you pregnant now?	YES, CURRENTLY PREGNANT NO UNSURE OR DON'T KNOW	1 0 8 ➔FP4
FP2	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES NO	1 0 ➔FP4
FP3	What are you (or your partner) doing to delay or avoid a pregnancy? DO NOT PROMPT. IF MORE THAN ONE METHOD IS MENTIONED, CIRCLE EACH ONE.	FEMALE STERILIZATION MALE STERILIZATION IUD INJECTABLES IMPLANTS PILL MALE CONDOM FEMALE CONDOM DIAPHRAGM FOAM / JELLY BREASTFEEDING FULLY 6 MONTHS CAUSING INFERTILITY (LAM) PERIODIC ABSTINENCE/RHYTHM/ CALENDAR WITHDRAWAL OF PENIS OTHER (SPECIFY) _____	A B C D E F G H I J K L M X
FP4	Do you know of a place where you could obtain a method of child spacing/family planning? IF NO, CIRCLE "Y" [DON'T KNOW] IF YES, ASK "Where is that?" RECORD ALL MENTIONED. IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HEALTH FACILITY HOSPITAL HEALTH CENTRE PVO CENTRE HEALTH POST FAMILY PLANNING CLINIC FIELD/COMMUNITY HEALTH WORKER PHARMACY OTHER HEALTH FACILITY (SPECIFY) _____ OTHER SOURCE SHOP CHURCH FRIEND/RELATIVE OTHER _____ (SPECIFY) DON'T KNOW	A B C D E F G H I J K X Y

TOPIC: SAFE MOTHERHOOD		CODE	SM
#	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SM1	During your pregnancy with (NAME ¹⁷), did you see anyone for antenatal care?	YES NO	1 0 <input type="checkbox"/> SM7
SM2	Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	DOCTOR/MEDICAL ASSISTANT NURSE MIDWIFE TRADITIONAL BIRTH ATTENDANT OTHER _____ (SPECIFY)	A B C D X
SM3 ¹⁸	During your pregnancy with (NAME), where did you receive antenatal care? CIRCLE ALL MENTIONED. IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE _____ (NAME OF PLACE)	<u>HOME</u> YOUR HOME MIDWIFE/TBA HOME OTHER HOME <u>PUBLIC SECTOR</u> HOSPITAL HEALTH CENTRE HEALTH POST OUTREACH OTHER PUBLIC _____ (SPECIFY) <u>PRIVATE SECTOR</u> PRIVATE HOSPITAL PRIVATE CLINIC OTHER PRIVATE _____ (SPECIFY) OTHER _____ (SPECIFY)	A B C D E F G H I J K X
SM4	During your pregnancy with (NAME), how many months pregnant were you when you first received antenatal care?	MONTHS DON'T KNOW	<input type="text"/> <input type="text"/> 1
SM5	During your pregnancy with (NAME), how many times did you receive antenatal care?	TIMES DON'T KNOW	<input type="text"/> <input type="text"/> 1
SM6	As part of your antenatal care during this pregnancy, were any of the following done at		

¹⁷ Refer to NAME stated in BC7¹⁸ Optional Question

TOPIC: SAFE MOTHERHOOD		CODE	SM
#	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	least once? A. Was your height taken? B. Was your blood pressure measured? C. Did you give a urine sample? D. Did you give a blood sample?	YES A. HEIGHT 1 B. BP 1 C. URINE 1 D. BLOOD 1	NO 0 0 0 0
SM7	During your pregnancy with (NAME) did you receive an injection in the arm to prevent the baby from getting tetanus that is convulsions after birth?	YES NO DON'T KNOW	1 0 9 <input type="checkbox"/> SM9 <input type="checkbox"/> SM9
SM8	While pregnant with (NAME), how many times did you receive such an injection?	ONE TWO THREE OR MORE DON'T KNOW	1 2 3 9
SM9	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	DOCTOR NURSE MIDWIFE AUXILIARY MIDWIFE OTHER HEALTH STAFF WITH MIDWIFERY SKILLS TRAINED TRADITIONAL BIRTH ATTENDANT TRAINED COMMUNITY HEALTH WORKER TRADITIONAL BIRTH ATTENDANT COMMUNITY HEALTH WORKER RELATIVE/FRIEND OTHER SPECIFY NO ONE	A B C D E F G H I J X Y
SM10	During pregnancy, women may encounter severe problems or illnesses and should go or be taken immediately to a health facility. What types of symptoms would cause you to seek immediate care at a health facility (right away)? ASK: ANYTHING ELSE?	VAGINAL BLEEDING FAST/DIFFICULT BREATHING HIGH FEVER SEVERE ABDOMINAL PAIN HEADACHE/BLURRED VISION CONVULSIONS FOUL SMELLING DISCHARGE/FLUID FROM VAGINA BABY STOPS MOVING	A B C D E F G H

TOPIC: SAFE MOTHERHOOD		CODE	SM
#	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED.	LEAKING BROWNISH/GREENISH FLUID FROM THE VAGINA I OTHER (SPECIFY) _____ X	
SM11	After (NAME) was born were you and your baby seen by anyone for postnatal care within the next two days?	YES 1 NO 0 DON'T KNOW 9	<input type="checkbox"/> SM12 <input type="checkbox"/> NEXT TOPIC <input type="checkbox"/> NEXT TOPIC
SM12	Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	DOCTOR/MEDICAL ASSISTANT A NURSE B MIDWIFE C TRADITIONAL BIRTH ATTENDANT D OTHER _____ X (SPECIFY)	

TOPIC: CARE OF A NEWBORN		CODE	NB
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NB1	<p>What are the important things for home based care of a newborn baby (immediately when born)?</p> <p>ASK: Anything else?</p> <p>DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED.</p>	<p>WASH HANDS WITH SOAP AND WATER BEFORE DELIVERY A</p> <p>WASH HANDS WITH SOAP AND WATER BEFORE HANDLING THE NEWBORN B</p> <p>KEEP THE CORD CLEAN AND DRY C</p> <p>KEEP THE NEWBORN BABY WARM D</p> <p>WRAP THE BABY IMMEDIATELY OR DRY AND PUT AGAINST THE MOTHER'S SKIN WITH A CLOTH COVERING E</p> <p>DELAY BATHING FOR 3 DAYS F</p> <p>BABIES SHOULD BE PUT TO THE BREAST IMMEDIATELY AFTER BIRTH (WITHIN THE FIRST HOUR). G</p> <p>GIVE THE BABY THE FIRST BREAST MILK (THICK AND YELLOW) THAT COMES IMMEDIATELY AFTER BIRTH H</p> <p>PLANNED FOR INSTITUTIONAL DELIVERY I</p> <p>DON'T KNOW Y</p> <p>OTHER (SPECIFY) _____ X</p>	
NB2	Did you ever breastfeed (NAME)?	<p>YES 1</p> <p>NO 0</p>	<input type="checkbox"/> NB4
NB3	<p>How long after birth did you first put (NAME) to the breast?</p> <p>IF LESS THAN 1 HOUR, RECORD 00 HOURS, IF LESS THAN 24 HOURS RECORD THE HOURS, OTHERWISE RECORD DAYS</p>	<p>IMMEDIATE 00</p> <p>HOURS <input type="text"/> <input type="text"/></p> <p>DAYS <input type="text"/> <input type="text"/></p> <p>DON'T REMEMBER 99</p>	
NB4	Did you give the baby the first liquid (Colostrum) that came from your breasts?	<p>YES 1</p> <p>NO 0</p> <p>DON'T KNOW 9</p>	
NB5	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	<p>YES 1</p> <p>NO 0</p> <p>DON'T KNOW 9</p>	
NB6	<p>Sometimes newborns have severe illnesses within the first month of life and should be taken immediately to a health facility.</p> <p>What types of symptoms would cause you to take your newborn to a health facility right</p>	<p>CONVULSIONS A</p> <p>HIGH FEVER B</p> <p>POOR SUCKLING OR FEEDING C</p> <p>FAST/DIFFICULT BREATHING D</p>	

3. Evaluation tools – 3.1 Baseline/Endline Survey Questionnaire

TOPIC: CARE OF A NEWBORN		CODE	NB
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	away?	BABY FEELS COLD	E
	MULTIPLE ANSWERS POSSIBLE.	BABY TOO SMALL/TOO EARLY	F
	ASK: Anything else?	YELLOW PALMS/SOLES/EYES	G
	DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED.	SWOLLEN ABDOMEN	H
		UNCONSCIOUS	I
		PUS OR REDNESS OF THE UMBILICAL STUMP, EYES OR SKIN	J
		OTHER (SPECIFY) _____	X
		DON'T KNOW	Y

TOPIC: NUTRITION		CODE			NU
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
NU1	Are you still breastfeeding (NAME)?	YES	1		➔NU3
		NO	0		
NU2	For how many months did you breastfeed (NAME)? IF LESS THAN ONE MONTH, RECORD "00" MONTHS. RECORD AGE OF CHILD WHEN BREASTFEEDING WAS COMPLETELY STOPPED.	MONTHS	<input type="text"/>	<input type="text"/>	
NU3	Now I would like to ask you about liquids or foods (NAME) had yesterday during the day or at night. Did (NAME) drink/eat: READ THE LIST OF LIQUIDS (A THROUGH E, STARTING WITH "BREAST MILK").		YES	NO	DON'T KNOW
	A. Breast milk?	A	1	0	9
	B. Plain water?	B	1	0	9
	C. Commercially produced infant formula?	C	1	0	9
	D. Any fortified, commercially available infant and young child food" [e.g. Cerelac]?	D	1	0	9
	E. Any (other) porridge or gruel?	E	1	0	9
NU4	How many times did (NAME) eat solid, semi-solid ¹⁹ , or soft foods other than liquids yesterday during the day or at night? IF CAREGIVER ANSWERS SEVEN OR MORE TIMES, RECORD "7" USE PROBING QUESTIONS TO HELP THE RESPONDENT REMEMBER ALL THE TIMES THE CHILD ATE YESTERDAY	NUMBER OF TIMES	<input type="text"/>	<input type="text"/>	
		DON'T KNOW			1
NU5	In the <u>last 24 hours</u> did you give <u>cereal</u> ²⁰ to (NAME)?	YES	1		
		NO	0		

¹⁹ ADAPT THIS QUESTION TO USE LOCAL WORDS FOR THE SEMI-SOLID FOODS THAT ARE GIVEN. INCLUDE MASHED OR PUREED FOOD, ALONG WITH PORRIDGES, PAPS, THICK GRUELS, STEWS, ETC. SOLID FOODS – E. G., FAMILY FOODS, BANANAS, MANGOES, POTATOES, BREAD – SHOULD ALSO BE INCLUDED.

WE WANT TO FIND OUT HOW MANY TIMES THE CHILD ATE ENOUGH TO BE FULL. SMALL SNACKS AND SMALL FEEDS SUCH AS ONE OR TWO BITES OF MOTHER'S OR SISTER'S FOOD SHOULD NOT BE COUNTED.

LIQUIDS DO NOT COUNT FOR THIS QUESTION. DO NOT INCLUDE THIN SOUPS OR BROTH, WATERY GRUELS, OR ANY OTHER LIQUID.

TOPIC: NUTRITION		CODE	NU
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NU6	In the <u>last 24 hours</u> did you give <u>pulses/lentils</u> to (NAME)?	YES NO	1 0
NU7	In the <u>last 24 hours</u> did you give <u>vegetables</u> to (NAME)?	YES NO	1 0
NU8	In the <u>last 24 hours</u> did you give <u>milk/curd/butter milk</u> to (NAME)?	YES NO	1 0
NU9	In the <u>last 24 hours</u> did you give <u>fruits</u> to (NAME)?	YES NO	1 0
NU10	In the <u>last 24 hours</u> did you give <u>egg</u> to (NAME)? Instruction: If the family does not eat eggs, mark "Don't eat"	YES NO DON'T EAT	1 0 9
NU11	In the <u>last 24 hours</u> did you give <u>fish</u> to (NAME)? Instruction: If the family does not eat fish, mark "Don't eat"	YES NO DON'T EAT	1 0 9
NU12	In the <u>last 24 hours</u> did you give <u>meat</u> to (NAME)? Instruction: If the family does not eat meat, mark "Don't eat"	YES NO DON'T EAT	1 0 9
NU13	What are the signs that a child that would suggest s/he was malnourished and should be referred to health facility? MULTIPLE ANSWERS POSSIBLE. ASK: Anything else? DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED.	UNDERWEIGHT NO FAT ON THE BODY, AND RIBS VISIBLE LOOSE SKIN AROUND THE BUTTOCKS EASILY IRRITATED USUALLY APPETITE AND NORMAL HAIR FREQUENT ILLNESSES SEVERE SWELLING (OEDEMA) ON BOTH LIMBS OR BOTH ARMS SWOLLEN "MOON" FACE DAMAGED SKIN OR DIFFERENT SKIN COLOUR HAIR COLOUR CHANGES (YELLOW/REDDISH OR DISCOLOURED) HAIR BECOMES DRY, CAN BE EASILY PULLED OUT AN LEAVES BALD PATCHES OTHER (SPECIFY) _____ DON'T KNOW	A B C D E F G H I J K X Y

²⁰ Replace by local food items

TOPIC: IMMUNIZATION AND VACCINATION CAMPAIGNS				CODE	IM	
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
IM1	Do you have a card or child health booklet where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN BY INTERVIEWER	1		➔ IM3	
		YES, NOT SEEN	2			
		NO CARD	3			
IM2	Did you ever have a vaccination card for (NAME)?	YES	1			
		NO	0			
IM3	May I copy the information from the card? (1) COPY DATES OF ALL VACCINATIONS FROM THE CARD. ²¹ (2) Tick ✓ the second to last column if card shows that vaccination was given but no date recorded. (3) If has no card or not marked on card but recalls receiving tick final column.					
		Card Date of immunization			No card	
	Record from card or describe to parent and ask id child received it	DATE	MONT H	YEAR	Card has no date ✓	No card or not on card but recalls ✓
A	BCG (TB injection in arm often scar)	BCG				
B	POLIO 0 (Drops given at birth or before 6 weeks)	OPV0				
C	POLIO 1 (drops in mouth)	OPV1				
D	POLIO 2	OPV2				
E	POLIO 3	OPV3				
F	DTP 1 (leg injection often with polio)	DTP1				
G	DTP 2	DTP2				
H	DTP 3	DTP3				
J	Hepatitis B 1	HepB 1				
K	Hepatitis B 2	HepB 2				
L	Hepatitis B 3	HepB 3				
M	Measles	Measles				

TOPIC: IMMUNIZATION AND VACCINATION CAMPAIGNS		CODE	IM
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
IM4	<p>Can you tell me what diseases can be prevented using immunisations?</p> <p>MULTIPLE ANSWERS POSSIBLE.</p> <p>ASK: Anything else?</p> <p>DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED.</p>	<p>STANDARD CHILDHOOD²¹</p> <p>TUBERCULOSIS (TB) A</p> <p>POLIO B</p> <p>DIPHTHERIA C</p> <p>WHOOPING COUGH (PERTUSIS) D</p> <p>TETANUS E</p> <p>MEASLES F</p> <p>HEPATITIS B G</p> <p>HEPATITIS A H</p> <p>ADDITIONAL</p> <p>YELLOW FEVER I</p> <p>MENINGITIS J</p> <p>ROTAVIRUS K</p> <p>PNEUMOCOCCAL DISEASE L</p> <p>JAPANESE ENCEPHALITIS M</p> <p>HUMAN PAPILOMA VIRUS N</p> <p>RABIES O</p> <p>DON'T KNOW Y</p> <p>OTHER (SPECIFY) _____ X</p>	

²¹ Provide local names and update as appropriate

TOPIC: SAFE WATER, HYGIENE AND SANITATION			CODE	WS
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
WS1	<p>What is the main source of drinking water for members of this household?</p> <p>(CIRCLE ONE)</p>	PIPED WATER INTO DWELLING PIPED WATER INTO YARD/PLOT/BUILDING PUBLIC TAP/STANDPIPE TUBEWELL/BOREHOLE PROTECTED DUG WELL UNPROTECTED DUG WELL PROTECTED SPRING UNPROTECTED SPRING RAIN WATER COLLECTION CART WITH SMALL TANK/DRUM TANKER TRUCK BOTTLED WATER SURFACE WATER (RIVER /POND/LAKE/DAM/ STREAM/CANAL/IRRIGATION CHANNELS) OTHER (SPECIFY)_____	1 2 3 4 5 6 7 8 9 10 11 12 13 88	
WS2	<p>Do you treat your water in any way to make it safer for drinking?</p>	YES NO	1 0	→WS4
WS3	<p>What do you usually do to the water to make it safer to drink?</p> <p>(ONLY CHECK MORE THAN ONE RESPONSE, IF SEVERAL METHODS ARE USUALLY USED TOGETHER, FOR EXAMPLE, CLOTH FILTRATION AND CHLORINE)</p>	LET IT STAND AND SETTLE/SEDIMENTATION STRAIN IT THROUGH CLOTH BOIL ADD BLEACH/CHLORINE WATER FILTER (CERAMIC, SAND, COMPOSITE) SOLAR DISINFECTION OTHER (SPECIFY) DON'T KNOW	A B C D E F X Y	
WS4	<p>What kind of toilet facility does this household use?</p> <p>(CIRCLE ONE)</p>	FLUSH/POUR-FLUSH TOILET TO PIPED SEWER SYSTEM TO SEPTIC TANK TO PIT TO ELSEWHERE TO DON'T KNOW WHERE	1 2 3 4 5	

TOPIC: SAFE WATER, HYGIENE AND SANITATION			CODE	WS
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
		VENTILATED IMPROVED PIT LATRINE (VIP) 6 SIMPLE PIT LATRINE WITH SLAB 7 PIT LATRINE WITHOUT SLAB/OPEN PIT 8 COMPOSTING/DRY TOILET SERVICE OR BUCKET LATRINE (WHERE EXCRETA ARE MANUALLY REMOVED) 9 HANGING LATRINE 10 NO FACILITY, FIELD, BUSH, PLASTIC BAG 11		→WS11
WS5	Where is this toilet facility located?	INSIDE OR ATTACHED TO DWELLING 1 ELSEWHERE INSIDE YARD 2 OUTSIDE YARD 3		
WS6	How many people share this toilet facility? (ASK REGARDLESS OF LOCATION)	NUMBER <input type="text"/> <input type="text"/> NOT SHARED (JUST MYSELF) 1 DON'T KNOW 1		
WS7	May I see the toilet facility?	YES 1 NO 0		
WS8	TOILET FACILITY OBSERVATION: OBSERVE ACCESS TO THE FACILITY; ARE THERE OBSTACLES IN THE PATH, ARE THERE SIGNS OF REGULAR USE? FOR TOILET FACILITIES IN THE DWELLING ONLY CATEGORIES "G, H, I, X" APPLY.	DENSE VEGETATION IN ITS PATH A WASTE OR DEBRIS IN ITS PATH B MAJOR CREVICES OR POTHOLES IN ITS PATH C MUD IN ITS PATH D PATH IS CLEAR E PATH WELL WORN AS SIGN OF REGULAR USE F ENTRANCE IS CLEAR/DOOR NOT LOCKED G ENTRANCE IS OBSTRUCTED H FACILITY IS LOCKED I OTHER OBSERVATION X CANNOT ASSESS Z		
WS9	TOILET FACILITY OBSERVATION: Is there faecal matter present inside the facility - on seat, floor, door or walls (human or animal)?	YES 1 NO 0 CANNOT ASSESS 8		
WS10	TOILET FACILITY OBSERVATION:	YES 1		

TOPIC: SAFE WATER, HYGIENE AND SANITATION			CODE	WS
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
	Is there any overflow of leach lines or soak ways?	NO	0	
		CANNOT ASSESS	8	
WS11	TOILET FACILITY OBSERVATION: Is there a cover on the hole?	YES	1	
		NO	0	
		CANNOT ASSESS	8	
WS12	Can you show me where you usually wash your hands and what you use to wash hands? ASK TO SEE AND OBSERVE	INSIDE/NEAR TOILET FACILITY	1	
		INSIDE/NEAR KITCHEN/COOKING PLACE	2	
		ELSEWHERE IN YARD	3	
		OUTSIDE YARD	4	
		NO SPECIFIC PLACE	5	
		NO PERMISSION TO SEE	8	
WS13	OBSERVATION ONLY: IS THERE SOAP OR DETERGENT OR LOCALLY USED CLEANSING AGENT? THIS ITEM SHOULD BE EITHER IN PLACE OR BROUGHT BY THE INTERVIEWEE WITHIN ONE MINUTE. IF THE ITEM IS NOT PRESENT WITHIN ONE MINUTE CHECK NONE, EVEN IF BROUGHT OUT LATER.	SOAP	1	
		DETERGENT	2	
		ASH	3	
		MUD/SAND	4	
		NONE	5	
		NO SPECIFIC PLACE	6	
		OTHER (SPECIFY) _____	7	
		NO PERMISSION TO SEE	8	
WS14	OBSERVATION ONLY: Is there water? INTERVIEWER: TURN ON TAP AND/OR A CHECK CONTAINER AND NOTE IF WATER IS PRESENT THIS ITEM SHOULD BE EITHER IN PLACE OR BROUGHT BY THE INTERVIEWEE WITHIN ONE MINUTE. IF THE ITEM IS NOT PRESENT WITHIN ONE MINUTE CHECK NO, EVEN IF BROUGHT OUT LATER.	YES	1	
		NO	0	
WS15	OBSERVATION ONLY: Is there a handwashing device such as a tap, basin, bucket, sink, or tippy tap? THIS ITEM SHOULD BE EITHER IN PLACE OR BROUGHT BY THE INTERVIEWEE WITHIN ONE MINUTE. IF THE ITEM IS NOT PRESENT WITHIN ONE MINUTE CHECK NO, EVEN IF BROUGHT OUT LATER.	YES	1	
		NO	0	
WS16	Do you know when to wash hands with	NEVER	A	

TOPIC: SAFE WATER, HYGIENE AND SANITATION		CODE	WS
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	soap/ash?	AFTER DEFECATING	B
	MULTIPLE ANSWERS POSSIBLE.	AFTER URINATING	C
	DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED.	BEFORE FOOD PREPARATION	D
		BEFORE EATING	E
		BEFORE FEEDING CHILDREN/BABY	F
		AFTER CLEANING BABY/CHANGING DIAPER/NAPPY	G
		AFTER HANDLING ANIMALS	H
		AFTER CARING FOR AN ILL PERSON	I
		NO SPECIAL TIME, WHEN THEY ARE DIRTY	J
		DON'T KNOW	Y
		OTHER (SPECIFY) _____	X

TOPIC: DIARRHOEA AND DEHYDRATION			CODE	DI
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
DI1	Has (NAME) had diarrhoea in the last 2 weeks?	YES	1	
		NO	0	
		DON'T KNOW	8	
DI2	If NAME was to suffer diarrhoea (or when NAME did have diarrhoea last) what did/would you do? Anything else? If answer pill or syrup, show local packaging for zinc and ask if the child received this medicine RECORD ALL MENTIONED.	NOTHING	A	
		FLUID FROM ORS PACKET	B	
		HOME-MADE FLUID	C	
		PILL OR SYRUP, ZINC	D	
		PILL OR SYRUP, NOT ZINC	E	
		INJECTION	F	
		(IV) INTRAVENOUS	G	
		HOME REMEDIES/HERBAL MEDICINES	H	
		OTHER (SPECIFY) _____	X	
DI3	If NAME was to suffer diarrhoea (or when NAME did have diarrhoea last), would/did you breastfeed him/her less than usual, about the same amount, or more than usual?	LESS	1	
		SAME	2	
		MORE	3	
		CHILD NOT BREASTFED	4	
		DON'T KNOW	9	
DI4	If NAME was to suffer diarrhoea (or when NAME did have diarrhoea last), would/did you offer less than usual to drink, about the same amount, or more than usual to drink?	LESS	1	
		SAME	2	
		MORE	3	
		NOTHING TO DRINK	4	
		DON'T KNOW	8	
DI5	If NAME was to suffer diarrhoea (or when NAME did have diarrhoea last), would/did you offer less than usual to eat, about the same amount, or more than usual to eat?	LESS	1	
		SAME	2	
		MORE	3	
		NOTHING TO EAT	4	
		DON'T KNOW	8	
DI6	Did/would you seek advice or treatment from someone outside of the home for (NAME'S) diarrhoea?	YES	1	
		NO	0	➔ DI8
DI7	Where did/would you first go for advice or treatment?	HEALTH FACILITY		
		HOSPITAL	01	
		HEALTH CENTRE	02	
		HEALTH POST	03	

TOPIC: DIARRHOEA AND DEHYDRATION		CODE	DI
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PVO CENTRE 04 CLINIC 05 FIELD/COMMUNITY HEALTH WORKER 06 OTHER HEALTH FACILITY _____ 07 OTHER SOURCE TRADITIONAL PRACTITIONER 08 SHOP 09 PHARMACY 10 COMMUNITY DISTRIBUTORS 11 FRIEND/RELATIVE 12 OTHER (SPECIFY) _____ 88	
DI8	Have you heard of ORS?	YES 1 NO 0	→DI13
DI9	ASK MOTHER TO DESCRIBE ²² ORS PREPARATION FOR YOU. ONCE MOTHER HAS PROVIDED A DESCRIPTION, RECORD WHETHER SHE DESCRIBED ORS PREPARATION CORRECTLY OR INCORRECTLY. CIRCLE 1 [CORRECTLY] IF THE MOTHER MENTIONED THE FOLLOWING: <ul style="list-style-type: none"> • USE 1 LITER OF CLEAN DRINKING WATER (1 LITER=3 SODA BOTTLES) • USE THE ENTIRE PACKET • DISSOLVE THE POWDER FULLY 	DESCRIBED CORRECTLY 1 DESCRIBED INCORRECTLY 2 DON'T KNOW 3	
DI10	When do you use ORS? MULTIPLE ANSWERS POSSIBLE. ASK: Anything else? DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED.	WHEN CHILD IS SUFFERING FROM DIARRHOEA A WHEN CHILD IS THIRSTY B WHEN CHILD IS SUFFERING FROM FEVER C WHEN CHILD IS HAVING VOMITING D OTHER (SPECIFY) _____ X DON'T KNOW Y	
DI11	Once the ORS is ready, for how long you can use that solution?	LESS THAN 8 HOURS 1 8 -12 HOURS 2 12 – 24 HOURS 3 MORE THAN 24 HOURS 4 OTHER (SPECIFY) _____ 8	

²² Change this question to demonstrated preparation if indicator 47 is selected.

TOPIC: DIARRHOEA AND DEHYDRATION		CODE	DI
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		DON'T KNOW 9	
DI12	At what frequency ORS should be given to a child suffering from diarrhoea?	ONCE A DAY 1 TWICE A DAY 2 THRICE A DAY 3 AFTER EVERY STOOL/VOMIT 4 QUITE FREQUENTLY 5 OTHER (SPECIFY) _____ 8 DON'T KNOW 9	
DI13	How will you know that a child suffering from diarrhoea is dehydrated? MULTIPLE ANSWERS POSSIBLE. ASK: Anything else? DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED.	SUNKEN EYES WITH LITTLE OR NO TEARS WHEN CRYING A DRY MOUTH AND TONGUE. B THIRST C LITTLE OR NO URINE. D DRY SKIN OR SKIN WITH LITTLE ELASTICITY E FEELING WEAK AND VERY TIRED. F MUSCLE CRAMPS G OTHER (SPECIFY) _____ X DON'T KNOW Y	
DI14	Do you know when to wash hands with soap/ash? MULTIPLE ANSWERS POSSIBLE. DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED.	NEVER A AFTER DEFECATING B AFTER URINATING C BEFORE FOOD PREPARATION D BEFORE EATING E BEFORE FEEDING CHILDREN/BABY F AFTER CLEANING BABY/CHANGING DIAPER/NAPPY G AFTER HANDLING ANIMALS H AFTER CARING FOR AN ILL PERSON I NO SPECIAL TIME, WHEN THEY ARE DIRTY J DON'T KNOW Y OTHER (SPECIFY) _____ X	

TOPIC: ACUTE RESPIRATORY INFECTIONS			CODE	AR
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
AR1	<p>What are the signs of pneumonia or ARI – acute respiratory infections – when a child should be taken immediately to a health facility?</p> <p>MULTIPLE ANSWERS POSSIBLE.</p> <p>ASK: Anything else?</p> <p>DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED.</p>	FAST BREATHING DRAWING IN THE CHEST WHEN TAKING A BREATH HARSH SOUND WHEN BREATHING IN (STRIDOR) LETHARGIC/UNCONSCIOUS UNABLE TO DRINK / BREASTFEED VOMITS EVERYTHING DON'T KNOW OTHER (SPECIFY) _____	A B C D E F Y X	
AR2	<p>Has (NAME) had an illness with a cough at any time in the last two weeks?</p>	YES NO DON'T KNOW	1 0 8	➔AR4 ➔AR4
AR3	<p>When (NAME) had an illness with a cough, did he/she have trouble breathing or breathe faster than usual with short, fast breaths?</p>	YES NO DON'T KNOW	1 0 8	➔AR7 ➔AR7
AR4	<p>If (NAME) had a cough with fast breathing what would action would you take?</p>	SEEK MEDICAL ASSISTANCE TREAT WITH ANTIBIOTICS INFORM A RC VOLUNTEER I DON'T KNOW OTHER (SPECIFY) _____	A B C X Y	➔AR7
AR5	<p>How long after you noticed/were noticing (NAME's) cough and fast breathing did/would you seek treatment?</p>	SAME DAY NEXT DAY TWO DAYS THREE OR MORE DAYS	0 1 2 3	
AR6	<p>Where did (or if he/she has not been ill, would) you first go for advice or treatment?²³</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	HEALTH FACILITY HOSPITAL HEALTH CENTRE HEALTH POST PVO CENTRE CLINIC FIELD/COMMUNITY HEALTH WORKER OTHER HEALTH FACILITY (SPECIFY) _____	1 2 3 4 5 6 7	

²³ Modify Response Category as appropriate

TOPIC: ACUTE RESPIRATORY INFECTIONS		CODE	AR
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		OTHER SOURCE TRADITIONAL PRACTITIONER 8 SHOP 9 PHARMACY 10 COMMUNITY DISTRIBUTORS 11 FRIEND/RELATIVE 12 OTHER (SPECIFY) _____ 88	
AR7	How can you prevent childhood pneumonia (and ARIs – acute respiratory infections)? MULTIPLE ANSWERS POSSIBLE. ASK: Anything else? DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED.	BREASTFEEDING BABIES A IMMUNIZING CHILDREN B PROTECTING INFANTS FROM EXPOSURE TO COLD AND DAMP C AVOIDING INDOOR POLLUTION /SMOKE D AVOID SMOKING NEAR CHILDREN E AVOIDING OUTDOOR POLLUTION F EATING NUTRITIOUS FOODS G PRACTISING GOOD HYGIENE AND HAND WASHING H DON'T KNOW Y OTHER (SPECIFY) _____ X	

TOPIC: MALARIA PREVENTION AND CONTROL			CODE	ML
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
ML1	Does your household have any mosquito nets that can be used while sleeping?	YES NO	1 0	<input type="checkbox"/> ML7
ML2	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS	<input type="checkbox"/>	
ML3	When you got the (most recent) net, was it already treated with an insecticide to kill or repel mosquitoes?	YES NO DON'T KNOW	1 0 9	
ML4	How many months ago was that net obtained? IF LESS THAN 1 MONTH AGO, RECORD '00'. IF ANSWER IS "12 MONTHS" OR "1 YEAR", PROBE TO DETERMINE IF NET WAS OBTAINED EXACTLY 12 MONTHS AGO OR EARLIER OR LATER.	MONTHS MORE THAN 2 YEARS AGO DON'T KNOW	<input type="checkbox"/> <input type="checkbox"/> 95 99	
ML5	Can you show me the net?	SEEN NET(S) IS HANGING ABOVE SLEEPING PLACE SEEN NET(S) STORED NOT SEEN NOT AVAILABLE	1 2 3 4	
ML6	Who slept under the mosquito net last night? PROBE: ANYONE ELSE? IF ANYONE OTHER THAN THE CHILD AND PREGNANT WOMEN IS MENTIONED, RECORD OTHER.	NO ONE CHILD LESS THAN 5 YEAR OF AGE PREGNANT WOMEN OTHER Specify (_____)	0 1 2 3	
ML7	Total number of household members present in the household last night and total slept under mosquito net last night (REFER TO BC1)		Total present in HH last night Slept under net last night (if none write 0)	
		Children under 5 year		
		Pregnant women		
		Others		
ML8	What are the signs/symptoms of malaria [SUBSTITUTE LOCAL NAME]?	FEVER	A	

TOPIC: MALARIA PREVENTION AND CONTROL		CODE	ML
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	<p>MULTIPLE ANSWERS POSSIBLE.</p> <p>ASK: Anything else?</p> <p>DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED.</p>	<p>CHILLS B</p> <p>SWEATS C</p> <p>HEADACHES D</p> <p>NAUSEA AND VOMITING E</p> <p>BODY ACHES F</p> <p>GENERAL MALAISE G</p> <p>DIFFICULTY EATING AND DRINKING H</p> <p>VOMITING I</p> <p>CONVULSIONS/FITS J</p> <p>DROWSINESS AND UNCONSCIOUSNESS K</p> <p>DON'T KNOW Y</p> <p>OTHER (SPECIFY) _____ X</p>	
ML9	<p>Do you know where somebody can get treatment for malaria?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p><u>HOME</u></p> <p>YOUR HOME A</p> <p>MIDWIFE/TBA HOME B</p> <p>OTHER HOME C</p> <p><u>PUBLIC SECTOR</u></p> <p>HOSPITAL D</p> <p>HEALTH CENTRE E</p> <p>HEALTH POST F</p> <p>OUTREACH G</p> <p>OTHER PUBLIC _____ H</p> <p>(SPECIFY)</p> <p><u>PRIVATE SECTOR</u></p> <p>PRIVATE HOSPITAL I</p> <p>PRIVATE CLINIC J</p> <p>OTHER PRIVATE _____ K</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Y</p>	

TOPIC: HIV AND SEXUALLY TRANSMITTED INFECTIONS (STI)			CODE	HA
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
HA1	Have you ever heard of AIDS or HIV [SUBSTITUTE LOCAL NAME]?	YES NO	1 0	➡ NEXT TOPIC
HA2	How can HIV be transmitted between two adults? DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED. ASK: Anything else?	Rational: BLOOD TRANSFUSIONS OR RECEIVING BLOOD PRODUCTS (OUTSIDE OF OFFICIAL BLOOD DONOR SCHEME EQUIPMENT) INJECTING DRUGS WITH USED NEEDLES OR RE-USED NEEDLES ANAL SEX INTERCOURSE VAGINAL SEXUAL INTERCOURSE Irrational: WITCHRAFT/SPELLS MOSQUITO /INSECT BITES SHARING FOOD, CROCKERY OR CUTLERY CLOSE PERSONAL CONTACT OTHER (SPECIFY) DON'T KNOW	A B C D E F G H X Y	
HA3	How can you reduce the risk of transmission of HIV between adults? DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED.	Rational: USE COMDOM/FEMIDOM DURING SEX DO NOT SHARE NEEDLSE FOR DRUGS/ MEDICINES HAVE SEX ONLY WITH ONE HIV NEGATIVE PERSON WHO HAS NO OTHER PARTNERS OR RISK BEHAVIOUR Irrational: ONLY SLEEP WITH HEALTHY LOOKING PEOPLE BE SEXUALLY MONOGAMOUS ONLY HAVE ANAL INTERCOURSE OTHER DON'T KNOW	A B C D E F X Y	
HA4	How can HIV be transmitted from mother to a baby?	DURING PREGNANCY DURING DELIVERY	A B	

TOPIC: HIV AND SEXUALLY TRANSMITTED INFECTIONS (STI)		CODE	HA	
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
	DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED.	BY BREASTFEEDING	C	
		DON'T KNOW	Y	

TOPIC: REDUCING STIGMA AND DISCRIMINATION			SD	
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
SD1	Have you ever heard of an illness called AIDS or an infection called HIV [SUBSTITUTE LOCAL NAME]?	YES	1	
		NO	0	➔NEXT TOPIC
SD2	Do you agree/disagree with the following statements: READ RESPONSES. RECORD ALL THAT ARE MENTIONED.	HIV IS A PUNISHMENT FROM GOD	A	
		HIV/AIDS IS A PUNISHMENT FOR BAD BEHAVIOR	B	
		IT IS WOMEN PROSTITUTES WHO SPREAD HIV IN THE COMMUNITY	C	
		PEOPLE WITH HIV ARE PROMISCUOUS	D	
SD3	Do you agree/disagree with the following statements: READ RESPONSES. RECORD ALL THAT ARE MENTIONED.	I WOULD BE ASHAMED IF I WERE INFECTED WITH HIV	A	
		I WOULD BE ASHAMED IF SOMEONE IN MY FAMILY HAD HIV/AIDS	B	
		PEOPLE WITH HIV SHOULD BE ASHAMED OF THEMSELVES	C	
SD4	Do you know someone in the past year that has had the following happen to him/her because of HIV or AIDS? READ RESPONSES. RECORD ALL THAT ARE MENTIONED.	EXCLUDED FROM A SOCIAL GATHERING	A	
		LOST CUSTOMERS TO BUY HIS/HER PRODUCE/GOODS OR LOST A JOB	B	
		HAD PROPERTY TAKEN AWAY	C	
		ABANDONED BY SPOUSE/PARTNER	D	
		ABANDONED BY FAMILY/SENT AWAY TO THE VILLAGE	E	
		TEASED OR SWORN AT	F	
		LOST RESPECT/STANDING WITHIN THE FAMILY AND/OR COMMUNITY	G	
		GOSSIPED ABOUT	H	
		NO LONGER VISITED, OR VISITED LESS FREQUENTLY BY FAMILY AND FRIENDS	I	
		VISITORS INCREASE TO "CHECK THEM OUT" ISOLATED WITHIN THE HOUSEHOLD	J	

TOPIC: TUBERCULOSIS (TB)		CODE	TB
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
TB1	Have you heard about the disease called tuberculosis [SUBSTITUTE LOCAL NAME]?	YES 1 NO 0	➡ NEXT TOPIC
TB2	What symptoms can show that a person has TB? (Multiple answers) MULTIPLE ANSWERS POSSIBLE. ASK: Anything else? DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED.	COUGH THAT LASTS A LONG TIME (MORE THAN 3 WEEKS) A COUGHING UP BLOOD B FEVERS C PAIN IN THE CHEST D NIGHT SWEATS E LOSS OF APPETITE F RAPID WEIGHT LOSS G FEELING TIRED H DON'T KNOW Y OTHER (SPECIFY) _____ X	
TB3	Is TB contagious (can spread easily from one person to another)?	YES 1 NO 0 DON'T KNOW 9	➡ NEXT TOPIC ➡ NEXT TOPIC
TB4	How is TB transmitted? MULTIPLE ANSWERS POSSIBLE. ASK: Anything else? DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED.	THROUGH THE AIR WHEN COUGHING A THROUGH BLOOD B THROUGH HANDSHAKE WITH AN INFECTED PERSON C SEXUALLY TRANSMITTED D SHARING FOOD WITH INFECTED PERSON E YOU'RE BORN WITH IT F OTHER (SPECIFY) _____ X DON'T KNOW Y	
TB5	What ways can you reduce the spread of TB? MULTIPLE ANSWERS POSSIBLE. ASK: Anything else? DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED.	OPENING WINDOWS A PEOPLE WITH TB COVERING THEIR MOUTH AND NOSE WHEN COUGHING AND SNEEZING B RECOGNIZING SIGNS OF TB ILLNESS C GETTING PROMPT MEDICAL ATTENTION FOR EVALUATION AND TREATMENT D GOING TO THE HEALTH CENTRE IF EXPOSED TO SOMEBODY WITH TB E INFECTED PEOPLE COMPLETING ALL OF THE TB TREATMENT F DON'T KNOW Y OTHER (SPECIFY) _____ X	

TOPIC: DENGUE PREVENTION AND CONTROL		CODE	DN
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DN1	Have you ever heard of dengue [SUBSTITUTE LOCAL NAME]?	YES NO	1 0 <input type="checkbox"/> NEXT TOPIC
DN2	<p>What can you do to prevent dengue fever?</p> <p>MULTIPLE ANSWERS POSSIBLE.</p> <p>ASK: Anything else?</p> <p>DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED.</p>	<p>COVER SKIN WITH CLOTHES A</p> <p>COVER WATER JARS OR RAINWATER COLLECTION B</p> <p>CLEAN UP AREAS IN THE COMMUNITY THAT MAY COLLECT STANDING WATER C</p> <p>CHANGE STANDING WATER IN, AND CLEAN HOUSEHOLD OBJECTS AT LEAST ONCE A WEEK (E.G. FRIDGE, VASES). D</p> <p>USE MOSQUITO REPELLENTS (SPRAY, LOTION) ON BODY E</p> <p>SPRAY INTERNAL WALLS WITH MOSQUITO REPELLENT F</p> <p>PUT UP SCREENS ON DOORS AND WINDOWS G</p> <p>USE LARVICIDE (E.G. ABATE) OR FISH TO TREAT WATER H</p> <p>USE BED NETS / INSECTICIDE TREATED BED NETS ESPECIALLY FOR CHILDREN AND ADULTS SLEEPING DURING THE DAY I</p> <p>DON'T KNOW Y</p> <p>OTHER (SPECIFY) _____ X</p>	

TOPIC: SAFE BLOOD AND VOLUNTARY BLOOD DONOR RECRUITMENT			CODE	BD
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
BD1	Have you donated blood in the last 12 months?	YES NO	1 0	
BD2	Have any of your family member donated blood in the last 12 months?	YES NO	1 0	
BD3	<p>What are the important criteria of voluntary blood donors?</p> <p>MULTIPLE ANSWERS POSSIBLE.</p> <p>ASK: Anything else?</p> <p>DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED.</p>	<p>LEAD HEALTHY LIFESTYLES</p> <p>FEEL WELL</p> <p>ARE NOT ANAEMIC</p> <p>ARE NOT PREGNANT</p> <p>HAVE NOT BEEN PREGNANT IN THE LAST YEAR</p> <p>DO NOT CURRENTLY BREASTFEED</p> <p>DO NOT HAVE HEART DISEASE</p> <p>DO NOT HAVE LOW OR HIGH BLOOD PRESSURE</p> <p>DO NOT HAVE DIABETES</p> <p>DO NOT HAVE EPILEPSY</p> <p>ARE NOT TAKING CERTAIN MEDICATION</p> <p>DON'T KNOW</p> <p>OTHER (SPECIFY) _____</p>	<p>A</p> <p>B</p> <p>C</p> <p>D</p> <p>E</p> <p>F</p> <p>G</p> <p>H</p> <p>I</p> <p>J</p> <p>K</p> <p>Y</p> <p>X</p>	

TOPIC: ROAD SAFETY		CODE	RS
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
RS1	Do you currently own a motorcycle or has one been provided for you to use?	YES NO	1 0
RS2	How frequently do you wear a helmet when you are on a motorcycle? READ CHOICES	ALWAYS USUALLY SOMETIMES NEVER I NEVER RODE ON A MOTORCYCLE	1 2 3 4 5 <input type="checkbox"/> RS5 <input type="checkbox"/> RS5
RS3	The last time you rode a motorcycle did you wear a helmet?	YES NO DON'T KNOW	1 0 3 <input type="checkbox"/> RS5 <input type="checkbox"/> RS5
RS4	The last time you rode a motorcycle did you fasten the chin strap on the helmet?	YES NO DON'T KNOW	1 0 3
RS5	What actions make road users (walking, driving, riding) safer? MULTIPLE ANSWERS POSSIBLE. ASK: Anything else? DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED.	USE A SEATBELT OR HELMETS IN THE CASE OF MOTORCYCLIST KEEP A SAFE DISTANCE FROM OTHER VEHICLES KEEP TO THE SPEED LIMIT AND ADAPT DRIVING SPEEDS TO WEATHER CONDITIONS, THE STATE OF ROADS AND AMOUNT OF TRAFFIC OBEY TRAFFIC LIGHTS AND HIGHWAY CODES NEVER DRIVE AFTER DRINKING ALCOHOL OR USING DRUGS NEVER USE MOBILE PHONE WHILE DRIVING DRIVE CAREFULLY AND PAY SPECIAL ATTENTION TO PEDESTRIANS, CYCLISTS AND TO ALL VULNERABLE ROAD USERS DISCOURAGE CHILDREN FROM PLAYING ON BUSY ROADS AND SHOW THEM USE A LIGHT WHEN WALKING ON THE ROAD AT NIGHT KNOW WHERE TO GO FOR HELP WHEN A ROAD CRASH OCCURS AND KEEP A LIST OF EMERGENCY NUMBERS DON'T KNOW OTHER (SPECIFY) _____	A B C D E F G H I J Y X

TOPIC: EXCESSIVE SUBSTANCE USE		CODE	ES
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
ES1	Do you remember any message you have heard on stopping or limiting _____ (excessive substance)?	(LIST MESSAGES DISSEMINATED BY PROGRAMME)	
ES2	What are the signs of excessive use of _____ ? WRITE THE MOST FREQUENTLY USED LOCAL SUBSTANCE/DRUG)	DON'T KNOW (LIST SIGNS PEOPLE USING THIS DRUG SHOW)	A B C D E Y

TOPIC: NONCOMMUNICABLE DISEASES			
NC1	Have you ever consumed an alcoholic drink such as wine, beer, spirit?	YES NO	1 0 <input type="checkbox"/> NC 6
NC2	Have you consumed an alcoholic drink within the past 12 months?	YES NO	1 0 <input type="checkbox"/> NC 6
NC3	Have you consumed an alcoholic drink within the past 30 days?	YES NO	1 0 <input type="checkbox"/> NC 6
NC4	During each of the past 7 days, on how many occasions did you have at least one alcoholic drink?	NUMBER: <input type="text"/> <input type="text"/> DON'T KNOW	3
NC5	During the past 7 days, how many times did you have for men: five or more for women: four or more standard alcoholic drinks in a single drinking occasion?	NUMBER OF TIMES: <input type="text"/> <input type="text"/> DON'T KNOW	3
NC6	Does your work involve moderate-intensity activity that causes large increase in breathing or heart rate like carrying or lifting heavy loads, digging, harvesting for at least 10 minutes continuously?	YES NO	1 0 <input type="checkbox"/> NC 12
NC7	In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Number of days <input type="text"/> <input type="text"/>	
NC8	How much time do you spend doing moderate-intensity activities at work on a typical day?	Hours: minutes <input type="text"/> : <input type="text"/>	
NC9	Do you do any moderate-intensity sports, fitness or recreational activities (adult) that	YES	1

3. Evaluation tools – 3.1 Baseline/Endline Survey Questionnaire

	cause large increases in breathing or heart rate like running or football for at least 10 minutes continuously?	NO	0	<input type="checkbox"/> NC 16
NC10	In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational activities?	Number of days	<input type="text"/> <input type="text"/>	
NC11	How much time do you spend doing moderate-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
NC12	Do you currently smoke any tobacco products such as cigarettes, cigars or pipes?	YES NO	1 0	<input type="checkbox"/> NC 19
NC13	Do you currently smoke tobacco products daily?	YES NO	1 0	
NC14	On average how many of the following do you smoke each day? RECORD FOR EACH TYPE	MANUFACTURED CIGARETTES <input type="checkbox"/> HAND-ROLLED CIGARETTES <input type="checkbox"/> PIPES FULL OF TOBACCO <input type="checkbox"/> CIGARS, CIGARILLOS <input type="checkbox"/> OTHER (SPECIFY) _____ <input type="checkbox"/> DON'T KNOW	1	
NC15	Have you ever had your blood pressure measured by a doctor or other health worker?	YES NO	1 0	<input type="checkbox"/> NEXT TOPIC
NC16	Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?	YES NO	1 0	
NC17	Have you been told in the past 12 months?	YES NO	1 0	

TOPIC : VIOLENCE PREVENTION		CODE	VP
	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
VP1	To what extent do you agree with the statement: "Violence against women, men, girls and boys is preventable".	AGREE 1 NEITHER AGREE OR DISAGREE 2 DISAGREE 3 DON'T KNOW 9	
VP2	To what extent do you agree with the statement: "There are certain situations in a family when it is okay to hit someone else".	AGREE 1 NEITHER AGREE OR DISAGREE 2	

TOPIC : VIOLENCE PREVENTION		CODE	VP
	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		DISAGREE 3 DON'T KNOW 9	
VP3	To what extent do you agree with the statement: "A woman always has the right to refuse sexual contact".	AGREE 1 NEITHER AGREE OR DISAGREE 2 DISAGREE 3 DON'T KNOW 9	
VP4	To what extent do you agree with the statement: "Constantly insulting another person is a form of violence".	AGREE 1 NEITHER AGREE OR DISAGREE 2 DISAGREE 3 DON'T KNOW 9	
VP5	To what extent do you agree with the statement: "People who see or hear violence occurring have an important role to stop the violence when it is safe to do so".	AGREE 1 NEITHER AGREE OR DISAGREE 2 DISAGREE 3 DON'T KNOW 9	
VP6	In your opinion, what are the safest ways to discipline children? DO NOT PROMPT RESPONDENTS. LET THEM KNOW THEY CAN PROVIDE MORE THAN ONE ANSWER. RECORD ALL THAT ARE MENTIONED.	SEPARATE YOURSELF FROM THE CHILD A REASON WITH THE CHILD B TAKE AWAY THE CHILD'S PRIVILEGES FOR A LIMITED TIME C MODEL THE BEHAVIOUR YOU WANT YOUR CHILD TO FOLLOW D OTHER (SPECIFY) _____ X DON'T KNOW Y	
VP7	What are some of the human impacts of violence? DO NOT PROMPT RESPONDENTS. LET THEM KNOW THEY CAN PROVIDE MORE THAN ONE ANSWER. RECORD ALL THAT ARE MENTIONED.	PHYSICAL INJURIES A EMOTIONAL INJURIES B DISEASES/ILLNESS C LOSS OF TRUST D OTHER (SPECIFY) _____ X DON'T KNOW Y	
VP8	If you saw or heard someone being sexually violent against another person, what immediate action could you take?	GET THE PERSON BEING HURT TO SAFETY A	

TOPIC : VIOLENCE PREVENTION		CODE	VP
	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	DO NOT PROMPT RESPONDENTS. LET THEM KNOW THEY CAN PROVIDE MORE THAN ONE ANSWER. RECORD ALL THAT ARE MENTIONED.	GET HELP IMMEDIATELY B SPEAK UP TO BRING ATTENTION TO THE VIOLENCE C MAKE IT CLEAR TO THE INFLECTOR THAT VIOLENCE IS UNACCEPTABLE AND MUST STOP IMMEDIATELY D TALK TO SOMEONE ELSE IN THE HOME OR COMMUNITY WHO CAN HELP E OTHER (SPECIFY) _____ X DON'T KNOW Y	
VP9	What practical action can you take to prevent violence in disaster? DO NOT PROMPT RESPONDENTS. LET THEM KNOW THEY CAN PROVIDE MORE THAN ONE ANSWER. RECORD ALL THAT ARE MENTIONED.	DO NOT ACT OUT VIOLENTLY FROM ANGER OR FEAR A MANAGE YOUR STRESS LEVELS (BY STAYING BUSY, MEDITATING, HELPING OTHERS, TAKING TIME FOR YOURSELF) B DO NOT RELY ON HARMFUL COPING STRATEGIES LIKE ALCOHOL OR DRUGS C MAKE A PLAN SO YOU AND YOUR FAMILY KNOW HOW AND WHERE TO GO TO BE SAFE, PLAN HOW YOUR FAMILY CAN COMMUNICATE AND RE-CONNECT AFTER DISASTER D WORK WITH YOUR COMMUNITY TO BUILD PREVENTION INTO DISASTER PLANNING E OTHER (SPECIFY) _____ X DON'T KNOW Y	
VP10	If a person tells you they are being hurt by violence what can you do to help the person? DO NOT PROMPT RESPONDENTS. LET THEM KNOW THEY CAN PROVIDE MORE THAN ONE ANSWER. RECORD ALL THAT ARE MENTIONED.	LISTEN TO THE PERSON AND SHOW EMPATHY A COMFORT THE PERSON B TAKE THE PERSON TO A SAFE PLACE C KNOW THE COMMUNITY RESOURCES AND SUPPORT SYSTEM D IF IT INVOLVES A CHILD, REPORT THE VIOLENCE TO A HELPING SOURCE IN THE COMMUNITY E OTHER (SPECIFY) _____ X DON'T KNOW Y	

TOPIC: EXPOSURE TO RED CROSS/RED CRESCENT		CODE	RC
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
RC1	Are you aware about an organization called “Red Cross/Red Crescent” or _____ ²⁴	YES 1 NO 0 DON’T KNOW 9	
RC2	In the last 1 year (since last _____ ²⁵), has your household received a visit from a Red Cross/Red Crescent volunteer?	YES 1 NO 0 DON’T KNOW 9	→RC6 →RC6
RC3	How long ago was the last visit you received from a Red Cross/Red Crescent volunteer? IF RESPONSE IS GIVEN IN MONTHS, FILL IN BOX 1; IF GIVEN IN WEEKS, FILL IN BOX 2. CONVERT OTHER RESPONSES INTO WEEKS OR MONTHS	MONTHS AGO 1 <input type="text"/> <input type="text"/> or WEEKS AGO 2 <input type="text"/> <input type="text"/>	
RC4	Did the Red Cross/Red Crescent volunteer discuss with you or someone in your household any of the following subjects ²⁶ : A. Prevention of malaria B. Vaccination for children C. Antenatal care for pregnant women D. Hand washing E. Prevention of tuberculosis? X Others (Specify) _____	Yes No A. PREVENTION OF MALARIA 1 0 B. VACCINATION FOR CHILDREN 1 0 C. ANTENATAL CARE 1 0 D. HAND WASH 1 0 E. TUBERCULOSIS 1 0 X. OTHERS 1 0	
RC5	Did you talk about what was discussed by the volunteer with any other family members or friends?	YES 1 NO 0 DON’T KNOW 9	
RC6	Did you participate in any activity conducted by Red Cross/Red Crescent?	YES 1 NO 0 DON’T KNOW 9	→END →END
RC7	In which activity ²⁷ have you participated? Multiple Code	TRAINING A COMMUNITY MAPPING B COMMUNITY MEETING C GROUP DISCUSSION/MEETINGS F COMMUNITY ACTIVITIES G OTHER (SPECIFY) X	

²⁴ Replace by local NAME²⁵ Replace by month²⁶ Change as appropriate²⁷ Replace appropriate CBHFA activities in community as per programme

3.2 Survey data entry

CBHFA data entry with Indicators pilot.xlsm - Microsoft Excel

File Home Insert Page Layout Formulas Data Review View Developer

K21 fx

A B C D E F G H I J K L M N O P Q R S

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 International Federation
of Red Cross and Red Crescent Societies



Community Based Health and First Aid
Data Entry for
Baseline-Evaluation questionnaire

The CBHFA spreadsheet is to be used with the CBHFA Baseline / Endline Questionnaire

INSTRUCTIONS FOR FORMATTING

1. On the Purple sheet, GEOGRAPHY, enter the names of the provinces (or other large area sub-unit such as State, County, Canton or Territory) in the solid red area. Each name will appear in columns to the right. If all sites are in the same province simply write the name of that province. Do not use spaces (use underscore). Do not use unicode language.
2. Under each province on the right, in the grey area, write the names of districts (or other sub-unit such as commune). If all sites are in the same district simply write the name of that district. Once finished, page down. Do not use spaces (use underscore). Do not use unicode language.
3. In the light shaded red area under each district enter the villages in that district (this will be the smallest sub-unit). Once finished page down and repeat for the next province. Repeat until you have entered all the village names for all districts in each province. You may write these in any way you like - there are no restrictions but for analysis Roman script is easier as it is understood by most analytical software.
4. PRESS BUTTON "Upload Provinces, Districts & Villages" AT THE TOP.
5. Go to the red LOOKUPS tab. Replace the green text with the local translation of the questions on the left. Include the number/code as shown (1,2,3 NOT ១២៣).
6. Include any additional question responses which the national society is using, in the centre using the same format. Include both English in black and the local translation in green. The translation can include unicode script languages such as Khmer, Thai, Myanmar, etc.

INTRO **FORMAT** ENTRY GEOGRAPHY LOOKUPS HH SL BC FA CM FP SM NB NU IM WS DI AR ML HA SD TB DN BD RS ES NC VP RC pas

Ready 100%

4. Reporting tools/templates

Reporting is the most visible part of the M&E system, where collected and analysed data is presented as information for key stakeholders to use. Reporting is a critical part of M&E because no matter how well data may be collected and analysed, if it is not well presented it cannot be well used – which can be a considerable waste of valuable time, resources, and personnel.

Tools included in the kit:

- 4.1. Community level monthly report
- 4.2. Community progress report – reporting back to community
- 4.3. Branch monthly reporting format
- 4.4. Indicator tracking table

Note: Some information in the Community level monthly report is taken from the volunteer record. If NS makes any modification to the volunteer record books, they should modify this tool too.

Note: Some information in the Branch monthly reporting format is taken from the volunteer record. If NS makes any modification to the volunteer record books, they should modify this tool too.

4.1 Community Level Monthly Report

Name of community: _____ Month: _____
 Total number of volunteers trained in the community: M: _____ F: _____ Total number of households covered under CBHFA: _____
 Total number of active volunteers in the community: M: _____ F: _____
 Household size (Average number of persons in household): _____ Total number of households in the community: _____

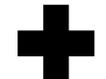
Community level activities organized during the month

	Activity 1		Activity 2		Activity 3		Activity 4 ²⁸	
Date								
Activity								
Objective								
Number of participants²⁹	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
Additional remarks:								
Venue								
Methods used								
Questions raised								
Discussions								

²⁸ Add extra sheet if more activities conducted during the month.

²⁹ Count only people targeted (i.e. don't count children present if they are not targeted)

Volunteer's Monthly Report

Activities ³⁰	Volunteer's name										Total
	1	2	3	4	5	6	7	8	9	10	
 Home visits: Total home visits conducted during this month.											
 Group meetings: Total group meetings conducted during this month.											
 First aid: Total number of people provided first aid this month.	M	M	M	M	M	M	M	M	M	M	M
	F	F	F	F	F	F	F	F	F	F	F
 Referral: Total number of people referred to the health facility.	M	M	M	M	M	M	M	M	M	M	M
	F	F	F	F	F	F	F	F	F	F	F
 IEC material: Total number of people given IEC material this month											
 People reached: Total number of NEW ³¹ people reached this month.	M	M	M	M	M	M	M	M	M	M	M
	F	F	F	F	F	F	F	F	F	F	F
 Time: Total hours worked in the community this month											

³⁰ Change/add activities as per the program design

³¹ People reached for the first time during this year

Topics covered this month with CBHFA:	1. _____	2. _____
Volunteer feedback	Community feedback	
Support required		
Plan for next month		

Date:

Prepared by: _____

4.2 Community Progress Report – CBHFA

(Reporting back to community, to be disseminated widely in the community)

Community: _____

Month: _____

Community health priority identified during CBHFA assessment:

1. _____
2. _____
3. _____

Number of volunteers in the community _____

CBHFA activities organized in previous month

Activities	# of People Participated		
	Male	Female	Total
1.			
2.			
3.			
4.			

Highlights of the month:

Plan for this month

Activity	Date	Place
1.		
2.		
3.		
4.		

Contact:

Please contact (Name, address and phone number of local Red Cross/Red Crescent contact people for feedback and complaints) for suggestions, feedback and complaints related to CBHFA

4.3 Branch Monthly CBHFA Report

Branch: _____

Month: _____

	Till last month	New this month	Total
Number of communities completed assessment			
Number of communities with village health committee			
Number of communities developed health action plan			
Total number of communities ³² implementing CBHFA			
Total number of households covered by CBHFA			

Average household size in the implementation area : _____

Number of communities³³

Topic(s)	Number of communities implementing CBHFA activities	Number of households covered by CBHFA
1.		
2.		
3.		
4.		
5.		

Number of people participating in CBHFA activities this month

Topic	Planned			Achieved		
	Male	Female	Total	Male	Female	Total
1.						
2.						
3.						
4.						
5.						
6.						

³² Counting each community once regardless of number of topics they are addressing

³³ Communities can be counted more than once if more than one topic is being implemented

Volunteers:	Male	Female	Total
Number of volunteers in CBHFA last month			
Number of new volunteers trained this month			
Number of active volunteers in CBHFA			

Volunteer activities during this month

Activities	Achieved	
Home visits		
Group meetings		
People provided with first aid	M: _____	F: _____
People referred to health facility	M: _____	F: _____
People given IEC material		

Number of people reached by CBHFA

Till last month :M: _____ F: _____
 During this month :M: _____ F: _____
 Total this year :M: _____ F: _____

Key challenges

Recommendations

Plan for next month

Date: / /

Prepared by: _____

4.4 Indicator tracking table (ITT)

An indicator tracking table (ITT) is used to monitor actual indicator performance. While the M&E plan prepares to realistically measure indicators, the ITT is where the ongoing indicator measurements are recorded. Therefore the ITT is an important tool for evidence-based reporting,

In summary, the ITT has three primary sections:

1. **Project background information**, such as name, location, dates, etc.
2. **Overall project indicators** are indicators that may not specifically be in the project’s logframe, but are important to report for strategic management and as part of the a Federation-wide reporting system (FWRS).
3. **Logframe indicators** are aligned with their respective objectives from the logframe, and are the greater part of the ITT. **The table** below illustrates a section (one quarter) of the ITT for logframe indicators.

Example of indicator tracking table – *for one quarter only*

Indicator	Project Baseline		Q1 Reporting Period July 10 - September 10			Annual Project Target	Year to Date	% of Annual Target to Date	Life of Project Target	Life of Project to Date	% of life of Project Target
	Date	Value	Target	Actual	% Target						
Outcome 1: Communities are aware of their disaster risks and the measures to prepare for, and respond to disasters.											
1a: # participating communities conducting a vulnerability and capacity assessment (VCA) quarterly.	May 2011	0	10	5	50%	20	5	25%	50	5	10%

The ITT columns for indicators are organized into three types of data to best inform critical analysis and decision making:

1. **Baseline performance.** This is to record the performance for those indicators measured during the project baseline study, (remember that not all indicators typically need to be measured during the baseline). In the example indicator, this indicator was included in the baseline study, but the value was zero because vulnerability capacity assessments (VCAs) had not been done in any community.
2. **Periodic performance.** This is used to record indicator performance on a regular basis during project implementation. The reporting period should vary according to the project timeframe. The example adopts quarterly periods, (every three months), but monthly

periods can also be used for projects with a shorter duration (e.g. 1 year). There are three values to record for each period, which help to analyze variance in indicator performance:

- a. **Target:** records the indicator planned performance, usually set at the beginning of the project's fiscal year, in conjunction with the planning of the annual budget.
- b. **Actual:** records the indicator's actual performance for the reporting period.
- c. **% of Target:** records the percentage of the target that was actually achieved by the indicator during the reporting period, (using a formula in the cell for automatic calculation).

Further details on ITT development can be obtained in the IFRC *Project/Programme Monitoring and Evaluation guide*, 2011, available online at: <http://www.ifrc.org/mande> or on FedNet.

Indicator tracking table

4.4 Indicators Tracking Table																			Year 1		CBHFA PMER Toolkit / up		
Project name:			Project start date:			Project end date:			Reporting period:														
HNS:																							
Partner (IFRC/PNS)																							
INDICATOR	Project Baseline		Q1 Reporting Period			Q2 Reporting Period			Q3 Reporting Period			Q4 Reporting Period			Annual Target	Year to Date Actual	% of Annual Target	Life of Project Target	LoP Actual				
	Date	Value	Target	Actual	% of Target																		
Goal																							
G.a.					0%			0%			0%			0%			0%						
G.b.					0%			0%			0%			0%			0%						
G.c.					0%			0%			0%			0%			0%						
Outcome1																							
1a.					0%			0%			0%			0%			0%						
1b.					0%			0%			0%			0%			0%						
1c.					0%			0%			0%			0%			0%						
Output 1.1																							
1.1a					0%			0%			0%			0%			0%						
1.1b					0%			0%			0%			0%			0%						
1.1c					0%			0%			0%			0%			0%						
Output 1.2																							
1.2a					0%			0%			0%			0%			0%						
1.2b					0%			0%			0%			0%			0%						
1.2c					0%			0%			0%			0%			0%						
Output 1.3																							
1.3a					0%			0%			0%			0%			0%						
1.3b					0%			0%			0%			0%			0%						
1.3c					0%			0%			0%			0%			0%						
Outcome2																							
2a.					0%			0%			0%			0%			0%						
2b.					0%			0%			0%			0%			0%						
2c.					0%			0%			0%			0%			0%						
Output 2.1																							
2.1a					0%			0%			0%			0%			0%						
2.1b					0%			0%			0%			0%			0%						
2.1c					0%			0%			0%			0%			0%						
Output 2.2																							
2.2a					0%			0%			0%			0%			0%						
2.2b					0%			0%			0%			0%			0%						
2.2c					0%			0%			0%			0%			0%						
Output 2.3																							
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2.3b					0%			0%			0%			0%			0%						
2.3c					0%			0%			0%			0%			0%						