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Rapid Knowledge, Practices and Coverage (KPC) Survey

Sick Child Module



The Maternal and Child Survival Program (MCSP) is a global, United States Agency for International Development (USAID) Cooperative Agreement to introduce and support high-impact health interventions with a focus on 24 high-priority countries with the ultimate goal of ending preventable child and maternal deaths within a generation. The Program is focused on ensuring that all women, newborns and children most in need have equitable access to quality health care services to save lives. MCSP supports programming in maternal, newborn and child health, immunization, family planning and reproductive health, nutrition, health systems strengthening, water/sanitation/hygiene, malaria, prevention of mother-to-child transmission of HIV, and pediatric HIV care and treatment.

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I. Overview

This module of the Rapid Knowledge, Practices and Coverage Survey yields information on care for a sick child, with a specific focus on diarrhea, suspected pneumonia, and suspected malaria. It addresses prevention, care-seeking, maternal knowledge, malaria testing, diarrhea management, and general sick child care. This instrument does not gather detailed information regarding treatment, but it does have specific indicators (and corresponding questions) for projects implementing community case management (CCM) activities (see Notes for Program Managers and Other Data Sources). Please note that while all three illnesses are combined in this module, a separate malaria module is available for those projects investing significant efforts in a malaria intervention. The module includes indicator definitions, a summary of updates made to the module, notes for program managers, interviewer instructions, the tabulation plan, suggestions for other data sources, and the survey questionnaire.

2. Indicators

The following indicators can be calculated using the Sick Child (SC) questionnaire included with this module. The indicators are divided into five tables:

1. LLINs (long-lasting insecticidal nets)
2. Fever Care-Seeking for Fever and Malaria Testing in Children
3. Care-Seeking for Fast or Difficult Breathing in Children
4. Diarrhea Care-Seeking and Management in Children
5. Caregiver Knowledge and Sick Child Care

Key Sick Child Indicators

Within the list of indicators, five are designated as key indicators. The key indicators should be reported by all programs implementing a sick child component if they are relevant to the project context (i.e., only include the LLIN indicators if LLINs are used in the project area, etc.). The indicator tables for a sick child (tables 1–5) contain indicator names and definitions as well as a column that indicates whether an indicator is a key (KEY) or “LiST” (LiST) indicator. Numerators and denominators are not included in the tables in this section, but they can be found in the tabulation plan (Section 6). LiST indicators are those that can be input into the Lives Saved Tool (LiST). If the indicator modeled in LiST is similar but somehow different from KPC indicator, the LiST indicator’s definition is noted as a footnote.

Key SC Indicators:

Indicator 1.2: Long-Lasting Insecticidal Net Use by Children

Indicator 2.1: Fever Care-Seeking for Children

Indicator 2.5: Use of Malaria Diagnostic Testing in Children

Indicator 3.1: Care-Seeking for Fast or Difficult Breathing in Children

Indicator 4.2: Diarrhea Management with Oral Rehydration Solution (ORS)

Table 1. Malaria Prevention—LLINs

Indicator	Definition	Key or LiST
1.1 Long-lasting insecticidal net ownership (<i>I+</i>)	Percentage of households of children ages 0–59 months that own at least one LLIN	
1.2 Long-lasting insecticidal net use by children	Percentage of children ages 0–59 months who slept under an LLIN the previous night	KEY

Table 2. Fever Care-Seeking and Malaria Testing in Children

Indicator	Definition	Key or LiST
2.1 Care-seeking for fever	Percentage of children ages 0–59 months with fever in the 2 weeks preceding the survey for whom advice or treatment was sought from an appropriate health facility or provider	KEY
2.2 Prompt care-seeking for fever (<i>Same or next day</i>)	Percentage of children ages 0–59 months with fever in the 2 weeks preceding the survey for whom advice or treatment was sought from an appropriate health facility or provider the same day or the next day that fever began	
2.3 Care-seeking for fever from a community health worker (CHW) (<i>CCM only</i>)	Percentage of children ages 0–59 months with fever in the 2 weeks preceding the survey for whom advice or treatment was sought from a CCM-trained CHW	
2.4 CHW as first source of care for fever (<i>CCM only</i>)	Percentage of children ages 0–59 months with fever in the 2 weeks preceding the survey for whom advice or treatment was sought from a CCM-trained CHW as the first source of care	
2.5 Use of malaria diagnostic testing	Percentage of children ages 0–59 months with fever in the 2 weeks preceding the survey who had a finger or heel stick (i.e., mRDT)	KEY
2.6 Malaria diagnostic testing results	Percentage of children ages 0–59 months with fever in the 2 weeks preceding the survey who had had finger or heel stick whose mother received the results of the mRDT	
2.7 Use of malaria diagnostic testing by CHW (<i>CCM only</i>)	Percentage of children ages 0–59 months with a fever in the 2 weeks preceding the survey who had a finger or heel stick done by a CCM-trained CHW	
2.8 Child seen by a CHW for a follow-up visit (<i>CCM only</i>)	Percentage of children ages 0–59 months with fever in the 2 weeks preceding the survey who received drug for fever from a CCM-trained CHW who were seen again by the CHW for a follow-up visit	

Table 3. Care-Seeking for Fast or Difficult Breathing in Children

Indicator	Definition	Key or LiST
3.1 Care-seeking for fast or difficult breathing from an appropriate provider	Percentage of children ages 0–59 months with fast or difficult breathing in the 2 weeks preceding the survey for whom advice or treatment was sought from an appropriate health facility or provider	KEY

Indicator	Definition	Key or LiST
3.2 Care-seeking for fast or difficult breathing from CHW (CCM only)	Percentage of children ages 0–59 months with fast or difficult breathing in the 2 weeks preceding the survey for whom advice or treatment was sought from a CCM-trained CHW	
3.3 CHW as first source of care for fast or difficult breathing (CCM only)	Percentage of children ages 0–59 months with fast or difficult breathing in the 2 weeks preceding the survey for whom advice or treatment was sought from a CCM-trained CHW as the first source of care	
3.4 Suspected pneumonia assessment (CCM only)	Percentage of children ages 0–59 months with fast or difficult breathing in the 2 weeks preceding the survey who had their respiratory rate counted by a CCM-trained CHW to assess fast breathing	
3.5 Child seen by a CHW for a follow-up visit (CCM only)	Percentage of children ages 0–59 months with fast/difficult breathing in the 2 weeks preceding the survey who received a drug for fast or difficult breathing from a CCM-trained CHW who were seen again by the CHW for a follow-up visit	

Table 4. Diarrhea Care-Seeking and Management for Children

Indicator	Definition	Key or LiST
4.1 Diarrhea management with ORS and zinc	Percentage of children ages 0–59 months with diarrhea in the 2 weeks preceding the survey who received ORS and zinc	
4.1 Diarrhea management with ORS	Percentage of children ages 0–59 months with diarrhea in the 2 weeks preceding the survey who received ORS	KEY, LiST
4.2 Diarrhea management with zinc	Percentage of children ages 0–59 months with diarrhea in the 2 weeks preceding the survey who received zinc	LiST
4.3 Care-seeking for diarrhea from CHW (CCM only)	Percentage of children ages 0–59 months with diarrhea in the 2 weeks preceding the survey for whom advice or treatment was sought from a CCM-trained CHW	
4.4 Diarrhea management with ORS and zinc by CHW (CCM only)	Percentage of children ages 0–59 months with diarrhea in the 2 weeks preceding the survey who received ORS and zinc from a CCM-trained CHW	
4.5 Diarrhea management with ORS by CHW (CCM only)	Percentage of children ages 0–59 months with diarrhea in the 2 weeks preceding the survey who received ORS from a CCM-trained CHW	
4.6 Diarrhea management with zinc by CHW (CCM only)	Percentage of children ages 0–59 months with diarrhea in the 2 weeks preceding the survey who received zinc from a CCM-trained CHW	

Table 5. Caregiver Knowledge and Sick Child Care

Indicator	Definition	Key or LiST
5.1 Caregiver knowledge of child danger signs	Percentage of caregivers of children ages 0–59 months who know at least two signs of childhood illness that require immediately seeking assessment and treatment by a health facility or provider outside of the home	
5.2 Care-seeking for sick child (composite indicator)	Percentage of children ages 0–59 months who were sick with fever, fast/difficult breathing or diarrhea in the 2 weeks preceding the survey for whom advice or treatment was sought from an appropriate health facility or provider	
5.3 Appropriate sick care (continued fluids) (composite indicator)	Percentage of children ages 0–59 months with fever, fast/difficult breathing, or diarrhea in the 2 weeks preceding the survey who were offered more than usual to drink (including breast milk)	
5.4 Appropriate sick care (continued fluids) (fever)	Percentage of children ages 0–59 months with fever in the 2 weeks preceding the survey who were offered more than usual to drink (including breast milk)	
5.5 Appropriate sick care (continued fluids) (fast/difficult breathing)	Percentage of children ages 0–59 months with fast/difficult breathing in the 2 weeks preceding the survey who were offered more than usual to drink (including breast milk)	
5.6 Appropriate sick care (continued fluids) (diarrhea)	Percentage of children ages 0–59 months with diarrhea in the 2 weeks preceding the survey who were offered more than usual to drink (including breast milk)	
5.7 Appropriate sick care (continued feeding) (composite indicator)	Percentage of children ages 0–59 months with fever, fast/difficult breathing, or diarrhea in the 2 weeks preceding the survey who were offered more than usual to eat	
5.8 Appropriate sick care (continued feeding) (fever)	Percentage of children ages 0–59 months with fever in the 2 weeks preceding the survey who were offered more than usual to eat	
5.9 Appropriate sick care (continued feeding) (fast/difficult breathing)	Percentage of children ages 0–59 months with fast/difficult breathing in the 2 weeks preceding the survey who were offered more than usual to eat	
5.10 Appropriate sick care (continued feeding) (diarrhea)	Percentage of children ages 0–59 months with diarrhea in the 2 weeks preceding the survey who were offered more than usual to eat	
5.11 Maternal knowledge of CHW treatment activities (CCM only)	Percentage of mothers of children ages 0–59 months who know that there is a CHW in her community who provides treatment for fever/malaria and pneumonia/fast or difficult breathing and management of diarrhea	

Indicator	Definition	Key or LiST
5.12 Maternal knowledge of CHW treatment activities for fever/malaria (CCM only)	Percentage of mothers of children ages 0–59 months who know that there is a CHW in her community who provides treatment for fever or malaria	
5.13 Maternal knowledge of CHW treatment activities for pneumonia/ fast or difficult breathing (CCM only)	Percentage of mothers of children ages 0–59 months who know that there is a CHW in her community who provides treatment for pneumonia/fast or difficult breathing	
5.14 Maternal knowledge of CHW treatment activities for diarrhea (ORS) (CCM only)	Percentage of mothers of children ages 0–59 months who know that there is a CHW in her community who provides ORS for management of diarrhea	
5.15 Maternal knowledge of CHW treatment activities for diarrhea (zinc) (CCM only)	Percentage of mothers of children ages 0–59 months who know that there is a CHW in her community who provides zinc for management of diarrhea	
5.16 Child seen by a CHW for a follow-up visit (composite indicator) (CCM only)	Percentage of children ages 0–59 months with fever, fast/difficult breathing, or diarrhea in the 2 weeks preceding the survey who received a drug for the sickness from a CCM-trained CHW who were seen by the CHW for a follow-up visit	

3. Updates to the Module

This module was revised in 2014 to make the tool compatible with state-of-the-art indicators for sick child care. A concerted effort was made to harmonize the indicators presented here with those already in use by key initiatives, including the Demographic and Health Surveys (DHS), the Lives Saved Tool, and the Millennium Development Goals Multiple Indicator Cluster Survey, thus ensuring compatibility between this module and sick child information collected using other questionnaires. In addition, new and broader lists of qualitative questions were added:

- Questions related to malaria, pneumonia, and diarrhea are all combined into one module to better reflect integration efforts (such as iCCM) and simplify the questionnaire.
- The module no longer includes indicators for pretreated nets or nets that must be retreated as these are no longer produced in the vast majority of countries; the module now focuses on long-lasting insecticidal nets (LLINs).
- Indicators related to case management of malaria have been updated to reflect the changes in Roll Back Malaria Monitoring and Evaluation of Malaria Reference Group indicators.

- Indicators for community case management of malaria have also been added.
- The “Interviewer Instruction” section has been replaced with a “Notes for Interviewers” section, which is meant to be more concise and only address issues that may arise rather than serve as a question-by-question guide through the questionnaire.
- The “Suggested Qualitative Research Questions” section has been replaced with the “Other Data Sources” section, which includes information about qualitative research topics.
- The “Notes for Program Managers” section has been expanded to include more items for consideration as the baseline KPC survey is being designed.
- The survey questionnaire has been redesigned in Microsoft Excel, which is intended to make the questionnaire more easily adaptable and consistent with the Demographic and Health Survey standard template.

4. Notes for Program Managers

This section outlines items that program managers/survey leaders need to prepare in advance before they implement the KPC and before they train a data collection team.

Context Considerations

To adapt the Sick Child KPC Module appropriately for your program, the program management team should determine the following:

- Which interventions is the project implementing (malaria, diarrhea, pneumonia)?
- What are the national policies for the integrated management of childhood illness?
- What are the national policies for LLIN distribution/coverage? Are LLINs available in the project area?
- If the project is implementing malaria activities, should the survey include the more comprehensive Malaria Module or is the information collected in the Sick Child Module sufficient?
- What is the current (or planned) situation regarding the use of rapid diagnostic testing for malaria? Are RDTs approved? Is the supply reliable? Do health workers know how to use them and willing to do so?
- What are the national policies regarding CCM/diagnosis and treatment by CHWs? Are CCM activities being implemented (or planned for) in the project area?
- What is the national policy regarding zinc for diarrhea? Is zinc available in the project area?

Choosing Indicators

There are a large number of indicators presented in this module. It is important that program managers recognize that they do not need to collect all data in the module or report on all indicators. As with all surveys, program managers need to strike a balance between collecting sufficient information to make decisions and assess progress and collecting too much information, which unnecessarily consumes limited resources. The scope and focus on the program and the local context (answers to questions above) will help determine which questions and indicators to include in the survey. For example, if CCM is not currently national policy, the CCM-only indicators may be excluded.

When selecting indicators, it is important to consider both the long-term and the short-term objectives and how each will be measured. Benchmark indicators, which measure progress made toward achieving greater outcomes, are key to ensuring that programs and initiatives are on track to reaching long-term goals. The indicators listed as key indicators should be included in all surveys if the project has a sick child component. For all other sick child indicators, program managers will need to choose those indicators that best meet program needs.

Community Case Management Indicators (Special Note): A few basic indicators have been added to the module for programs that have a CCM component. Please note that the indicators included in this module use the term “CCM-trained CHW” to distinguish CHWs who are trained to provide treatment for childhood illness from other CHWs in settings where multiple types of CHWs exist. However in defining project indicators, the term “CCM-trained CHW” should be replaced by the local term used for such CHWs. If the project area has both CCM-trained and non-CCM-trained CHWs, make sure to clearly list both options, with appropriate local terms, in questions with lists of health providers (SC203, SC208, SC211, SC303, SC309, SC403, SC408, and SC410). Interviewers will not read aloud the list of providers, so mothers probably will not specify if the CHW was trained in CCM or not. Program managers will need a good knowledge of CCM implementation in the program area before developing the questionnaire in order to both use the appropriate local term for CCM-trained provider and to interpret the results as referring to CCM-trained providers or not. If the project is *not* conducting CCM activities, indicators labeled “CCM-only” do not need to be calculated and many questions may be deleted (see Common Survey Question Adaptations below).

If your program has a CCM component, additional information can be collected about the services the community health workers are offering and that the population is accessing through other means such health system-based records, exit interviews, and qualitative research. See Section 7 (Other Data Sources) for suggestions.

All the indicators in this module cover an age range of 0–59 months; however, the age range of children who can be treated through CCM will vary by project, according to national policy. For example, in Malawi, CCM-trained CHWs (called health surveillance agents) can treat children ages 2–59 months for diarrhea and pneumonia but only children ages 5–59 months for malaria, and malnutrition referrals are made for children ages 6–59 months.

Malaria Indicators (Special Note): Projects with a malaria component should carefully examine the indicators that can be calculated with the Sick Child Module (Sub-Modules SC1 and SC2) and compare those with the more comprehensive set of indicators in the Malaria Module. The malaria questions and indicators included in the Sick Child Module are designed for projects with less intensive malaria activities (although they do include CCM malaria indicators). For example, projects that have a large net distribution component may need to use a net roster, which is included in the Malaria Module but not in the Sick Child Module. The Malaria Module also includes malaria in pregnancy indicators, while the Sick Child Modules focus only on childhood illness.

Because all of the malaria-related questions and indicators included in the Sick Child Module are also part of the Malaria Module, projects that choose to use the Malaria Module can delete Sub-Modules SC1 and SC2 from the Sick Child Module.

Maternal Knowledge Indicator (Special Note): The indicator for maternal knowledge of child danger signs (Indicator 5.1) is a general one and the list of danger signs will vary slightly across countries. PVOs should consult the national protocols for the integrated management of childhood illness and adapt the response categories prior to conducting the survey.

Furthermore, after the baseline survey and other formative research (including qualitative methods) is complete, projects may need to adapt the indicator itself to address specific objectives of their behavior change strategy (to focus on certain danger signs that had low knowledge at baseline). This adaptation is particularly important where knowledge of two indicators is high at baseline. Example adaptations of the indicator include increasing the minimum number of danger signs (mothers who know at least four signs) or focusing on one or two specific signs that had poor results in the baseline survey (mothers who know both high fever *and* convulsions).

Questionnaire Overview

The Sick Child questionnaire is divided into five sections: (1) Malaria Prevention—LLINs; (2) Fever Care-Seeking and Malaria Testing in Children; (3) Care-Seeking for Fast or Difficult Breathing in Children; (4) Diarrhea Care-Seeking and Management in Children; and (5) Caregiver Knowledge. A few questions that are not needed to calculate any of the indicators in this module have been included in the questionnaire with a footnote. They have not been omitted because they may provide additional information useful for program implementation; additional program-specific indicators can be developed using any of these questions if desired.

Common Survey Question Considerations for Adaptation

Many of the indicators and corresponding questions in this module are based on international standards or current “best practices,” but some may need to be modified because of national policy, local context, or language. The following table contains common adjustments to consider. *The tabulation plan must be adjusted in parallel.*

Question No.	Consideration
SC1: Malaria Prevention—LLINs	
SC101	Adapt question to use local term for bednets
SC103	Adapt list of long-lasting insecticidal net brands to reflect locally available products
SC2: Fever Care-Seeking and Malaria Testing in Children	
SC201	Adapt the question to use local term for fever
SC203 and SC211	Adapt list of locations as needed
SC208	Adapt list of health service providers as needed
SC3: Care-Seeking for Fast or Difficult Breathing in Children	
SC303 and SC309	Adapt list of locations as needed
SC307	Adapt question to use local term for CHW
SC4: Diarrhea Care-Seeking and Management in Children	
SC403, SC408, and SC410	Adapt list of locations as needed
SC406 and SC408	Adapt question to use local term/brand for ORS
SC409 and SC410	Adapt question to use local term/brand for zinc
SC5: Caregiver Knowledge	
SC501	Adapt the response categories to reflect national protocols for the integrated management of childhood illness
SC502	Adapt question to use local term for CCM-trained CHW
SC503	Adapt list of CHW tasks as necessary

5. Interviewer Notes

For this module, questions are asked about the youngest child ages 0–59 months.

Asking Questions and Recording Answers

It is important that you ask each question exactly as it is written on the questionnaire. In addition to the questions, there are statements that appear in all capital letters, indicating that they are interviewer instructions and should not be read aloud to the mother. Several of these are filter questions to help the interviewer know where to proceed next with the questionnaire. For example, **Q.SC306** asks, “CHECK SC303: WAS CHW CONSULTED?” If the answer is “Yes,” you would then ask **Q.SC307**; if the answer is “No,” you would proceed to **Q.SC312**.

Most questions in this module have pre-coded responses that should not be read aloud to the mother. When you ask a question, you should listen to the mother’s response and then circle the code next to the category that best matches her answer or write the mother’s response on the survey form, if appropriate. Sometimes it will be appropriate to circle multiple answers. Read the instructions on the questionnaire carefully for each question.

When you see a question with “(NAME)”, you should insert the name of the child about whom you are interviewing the mother—the child whose name is listed on the cover page of the module. For example, **Q.SC207** reads, “At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing?” If the child’s name is Carlos, you will ask the mother, “At any time during the illness, did Carlos have blood taken from his/her finger or heel for testing?” For filter questions, “(NAME)” tells you that the question refers specifically to the child listed on the cover page.

The skip pattern for some questions indicates “END” rather than a question number. If “END” is indicated, this means that this is the end of the interview.

Filling in Identification Information

To calculate the indicators for this module, the child’s date of birth must be recorded. Normally, this module is part of a larger KPC survey. This information is collected at the beginning of the interview, but it is important to make sure that date of birth and other crucial identification information (cluster number or supervision area, household number and record number) are recorded as part of the survey.

Important Notes about Asking Certain Questions

Sub-Module SC1: LLINs

Q.SC103: Read the name of each brand of net in turn: “Is the net (are any of the nets) Brand A?” and circle the appropriate response. If the respondent is not sure whether a net is one of these brands, observe the net, if possible. If it is not possible to observe the net, use the pictures you were given to aid in identification.

When you finish asking about the brands of nets, ask the respondent if there is any other brand of net. If YES, circle code 1 and write down the brand of the net. If there is a net for which the respondent does not know the brand, circle code 1 for Unknown Brand. If the respondent does not mention any LLINs, skip to Sub-Module SC2.

Q.SC109: Unlike the **Q.SC103**, in **Q.SC109** you should ask the mother to identify the brand of the net that the child selected for the KPC survey slept under the previous night. If the mother is not sure whether a net is one of these brands, observe the net, if possible. If it is not possible to observe the net, use the pictures you were given to aid in identification.

Sub-Module SC2: Fever Care-Seeking and Malaria Testing for Children

Qs.SC207–209: Malaria can be diagnosed by taking a few drops of blood from the patient and examining them for the presence of malaria parasites or malaria-specific proteins. The blood is usually taken from the

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patient's finger or heel. If blood is taken, you will also ask if the caregiver received the test results. There is no need to ask what the result was.

Qs.SC214–215: Children who are sick need to eat and drink to help them recover. Frequently, children lose their appetites when they are sick and need to be encouraged to eat and drink. Increased food and drink is important for recovery for malaria and pneumonia, as well as diarrhea. In these questions, try to ensure that caregivers understand you are asking about how much food and drink they *offered* the children, not how much the children actually ate or drank. If necessary, you may make the clarification for them by saying, “I am asking about how much you offered (NAME), not how much he actually ate/drank.”

Sub-Module SC3: Care-Seeking for Fast/Difficult Breathing in Children

Qs.SC312–313: Children who are sick need to eat and drink to help them recover. Frequently, children lose their appetites when they are sick and need to be encouraged to eat and drink. In this question, try to ensure that caregivers understand you are asking about how much food and drink they *offered* the children, not how much the children actually ate or drank. If necessary, you may make the clarification for them by saying, “I am asking about how much you offered (NAME), not how much he actually ate/drank.”

Sub-Module SC4: Diarrhea Care-Seeking and Management in Children

Q.SC401: A response of YES to **Q.SC401** is appropriate only if the child had diarrhea during the 2 weeks before the date of the interview. If the mother is unsure what you mean by “diarrhea,” tell her that it means “three or more watery stools on the same day, or blood in the stool.”

Qs.SC415–416: Children who are sick need to eat and drink to help them recover. Frequently, children lose their appetites when they are sick and need to be encouraged to eat and drink. In this question, try to ensure that caregivers understand you are asking about how much food and drink they *offered* the children, not how much the children actually ate or drank. If necessary, you may make the clarification for them by saying, “I am asking about how much you offered (NAME), not how much he actually ate/drank.”

Sub-Module SC5: Caregiver Knowledge

Qs.SC502–503: Ask the interviewee if there are any CCM-trained CHWs in the community. If the respondent replies NO or is unsure, thank the respondent for her time and conclude the interview. If the respondent replies YES, ask the respondent to list what the CHW does. Do not read the responses but circle all that are mentioned in **Q.SC503**.

6. Tabulation Plan

Sub-Module SC1: Malaria Prevention—LLINs

Indicator	How to Calculate the Indicator
Indicator 1.1 LLIN Ownership (1+) Percentage of households of children ages 0–59 months that own at least one LLIN	Number of households of children ages 0–59 months that own at least one LLIN SCI03 = [1 OR 2] for at least one LLIN Number of households of children ages 0–59 months in the survey $\times 100$

Indicator	How to Calculate the Indicator
Indicator 1.2 LLIN Use by Children Percentage of children ages 0–59 months who slept under an LLIN the previous night	Number of children ages 0–59 months who slept under an LLIN the previous night $\text{SCI09} = \frac{[1 \text{ OR } 2]}{\text{Number of children ages 0–59 months in the survey}} \times 100$

Sub-Module SC2: Fever Care-Seeking and Malaria Testing for Children

Indicator	How to Calculate the Indicator
2.1 Care-Seeking for Fever Percentage of children ages 0–59 months with fever in the 2 weeks preceding the survey for whom advice or treatment was sought from an appropriate provider	Number of children ages 0–59 months with fever in the 2 weeks preceding the survey for whom advice or treatment was sought from an appropriate provider $\text{SC203} = \frac{[\text{Any A–K}]}{\text{Number of children ages 0–59 months with a fever in the 2 weeks preceding the survey}} \times 100$ $\text{SC201} = 1$
2.2 Prompt Care-Seeking for Fever (Same or Next Day) Percentage of children ages 0–59 months with fever in the 2 weeks preceding the survey for whom advice or treatment was sought from an appropriate provider the same day or the next day that fever began	Number of children ages 0–59 months with fever in the 2 weeks preceding the survey for whom advice or treatment was sought from an appropriate provider the same day or the next day that fever began $(\text{SC203} = [\text{Any A–K}]) \text{ AND } (\text{SC206} = [0 \text{ OR } 1])$ $\times 100$ $\text{SC201} = 1$
2.3 Care-Seeking for Fever from CHW (CCM Only) Percentage of children ages 0–59 months with fever in the 2 weeks preceding the survey for whom advice or treatment was sought from a CCM-trained CHW	Number of children ages 0–59 months with a fever during the last 2 weeks for whom advice or treatment was sought from a CCM-trained CHW $\text{SC203} = \frac{[E \text{ OR } J]}{\text{Number of children ages 0–59 months fever in the 2 weeks preceding the survey}} \times 100$ $\text{SC201} = 1$
2.4 CHW as First Source of Care for Fever (CCM Only) Percentage of children ages 0–59 months with fever in the 2 weeks preceding the survey for whom advice or treatment was sought from a CCM-trained CHW as the first source of care	Number of children age 0–59 months with a fever in the 2 weeks preceding the survey for whom advice or treatment was sought from a CCM-trained CHW as the first source of care $(\text{SC203} = [E \text{ OR } J] \text{ AND } \text{SC204} = \text{NO}) \text{ OR } (\text{SC205} = [E \text{ OR } J])$ $\times 100$ $\text{SC201} = 1$
2.5 Use of Malaria Diagnostic Testing Percentage of children ages 0–59 months with a fever in the 2 weeks preceding the survey who had a finger or heel stick	Number of children ages 0–59 months with a fever in the 2 weeks preceding the survey who had a finger or heel stick $\text{SC207} = \frac{1}{\text{Number of children ages 0–59 months with a fever in the 2 weeks preceding the survey}} \times 100$ $\text{SC201} = 1$

Indicator	How to Calculate the Indicator
<p>2.6 Malaria Diagnostic Testing Results Shared</p> <p>Percentage of children ages 0–59 months with fever who had a finger or heel stick in the 2 weeks preceding the survey for whom their caregivers who received the results of the malaria diagnostic test</p>	<p>Number of children ages 0–59 months with fever who had a finger or heel stick in the 2 weeks preceding the survey for whom their caregivers who received the results of the malaria diagnostic test</p> <p style="text-align: center;">SC209 = I</p> <hr/> <p>Number of children ages 0–59 months with fever who had a finger or heel stick in the 2 weeks preceding the survey</p> <p style="text-align: center;">SC207 = I</p> <p style="text-align: right;">X 100</p>
<p>2.7 Use of Malaria Diagnostic Testing by CHW (CCM Only)</p> <p>Percentage of children ages 0–59 months with a fever in the 2 weeks preceding the survey who had a finger or heel stick done by a CCM-trained CHW</p>	<p>Number of children ages 0–59 months with a fever in the 2 weeks preceding the survey who had a finger or heel stick done by a CCM-trained CHW</p> <p style="text-align: center;">SC208 = A</p> <hr/> <p>Number of children ages 0–59 months with a fever in the 2 weeks preceding the survey</p> <p style="text-align: center;">SC201 = I</p> <p style="text-align: right;">X 100</p>
<p>2.8 Child Seen by a CHW for a Follow-up Visit (Fever) (CCM only)</p> <p>Percentage of children ages 0–59 months with fever who received treatment from a CCM-trained CHW in the 2 weeks preceding the survey who were seen by the CHW for a follow-up visit</p>	<p>Number of children ages 0–59 months who were sick with fever who received treatment from a CCM-trained CHW in the 2 weeks preceding the survey who were seen by the CHW for a follow-up visit</p> <p style="text-align: center;">SC213 = I</p> <hr/> <p>Number of children ages 0–59 months who were sick with fever who received treatment from a CCM-trained CHW in the 2 weeks preceding the survey</p> <p style="text-align: center;">SC211 = [E OR J]</p> <p style="text-align: right;">X 100</p>

Sub-Module SC3: Care-Seeking for Fast or Difficult Breathing in Children

Indicator	How to Calculate the Indicator
<p>3.1 Care-Seeking for Fast or Difficult Breathing from an Appropriate Provider</p> <p>Percentage of children ages 0–59 months with fast or difficult breathing in the 2 weeks preceding the survey for whom advice or treatment was sought from an appropriate provider</p>	<p>Number of children ages 0–59 months with fast or difficult breathing in the 2 weeks preceding the survey for whom advice or treatment was sought from an appropriate provider</p> <p style="text-align: center;">SC303 = [Any A–K]</p> <hr/> <p>Number of children ages 0–59 months with fast or difficult breathing in the 2 weeks preceding the survey</p> <p style="text-align: center;">SC301 = I</p> <p style="text-align: right;">X 100</p>
<p>3.2 Care-Seeking for Fast or Difficult Breathing from CHW (CCM Only)</p> <p>Percentage of children ages 0–59 months with fast or difficult breathing in the 2 weeks preceding the survey for whom advice or treatment was sought from a CCM-trained CHW</p>	<p>Number of children ages 0–59 months with fast or difficult breathing in the 2 weeks preceding the survey for whom advice or treatment was sought from a CCM-trained CHW</p> <p style="text-align: center;">SC303 = [E OR J]</p> <hr/> <p>Number of children ages 0–59 months with fast or difficult breathing in the 2 weeks preceding the survey</p> <p style="text-align: center;">SC301 = I</p> <p style="text-align: right;">X 100</p>

Indicator	How to Calculate the Indicator
<p>3.3 CHW as First Source of Care for Fast or Difficult Breathing (CCM Only)</p> <p>Percentage of children ages 0–59 months with fast or difficult breathing in the 2 weeks preceding the survey for whom advice or treatment was sought from a CCM-trained CHW as the first source of care</p>	<p>Number of children ages 0–59 months with fast or difficult breathing in the 2 weeks preceding the survey for whom advice or treatment was sought from a CCM-trained CHW as the first source of care</p> <p>(SC303 = [E OR J] AND SC 304 = NO) OR (SC 305 = [E OR J])</p> <hr/> <p>Number of children ages 0–59 months with fast or difficult breathing in the 2 weeks preceding the survey</p> <p>SC301 = I</p> <p style="text-align: right;">X 100</p>
<p>3.4 Suspected Pneumonia Assessment (CCM Only)</p> <p>Percentage of children ages 0–59 months with fast or difficult breathing in the 2 weeks preceding the survey who had their respiratory rate counted by a CCM-trained CHW to assess fast breathing</p>	<p>Number of children ages 0–59 months with fast or difficult breathing in the 2 weeks preceding the survey who had their respiratory rate counted by a CCM-trained CHW to assess fast breathing</p> <p>SC307 = YES</p> <hr/> <p>Number of children ages 0–59 months with fast or difficult breathing in the 2 weeks preceding the survey for whom advice or treatment was sought from a CCM-trained CHW</p> <p>SC303 = [E OR J]</p> <p style="text-align: right;">X 100</p>
<p>3.5 Child Seen by a CHW for a Follow-up Visit (CCM only)</p> <p>Percentage of children age 0–59 months with fast or difficult breathing who received treatment from a CCM-trained CHW in the 2 weeks preceding the survey who were seen by the CHW for a follow-up visit</p>	<p>Number of children ages 0–59 months with fast or difficult breathing who received treatment from a CCM-trained CHW in the 2 weeks preceding the survey who were seen by the CHW for a follow-up visit</p> <p>SC311 = I</p> <hr/> <p>Number of children ages 0–59 months with fast or difficult breathing who received treatment from a CCM-trained CHW in the 2 weeks preceding the survey</p> <p>SC309 = [E OR J]</p> <p style="text-align: right;">X 100</p>

Sub-Module SC4: Diarrhea Care-Seeking and Management in Children

Indicator	How to Calculate the Indicator
<p>4.1 Diarrhea Management with ORS and Zinc</p> <p>Percentage of children ages 0–59 months with diarrhea in the 2 weeks preceding the survey who received ORS and zinc</p>	<p>Number of children ages 0–59 months with diarrhea in the 2 weeks preceding the survey who received ORS and zinc</p> <p>(SC406 = I) AND (SC409 = I)</p> <hr/> <p>Number of children ages 0–59 months with fast or difficult breathing in the 2 weeks preceding the survey</p> <p>SC401 = I</p> <p style="text-align: right;">X 100</p>
<p>4.2 Diarrhea Management with ORS</p> <p>Percentage of children ages 0–59 months with diarrhea in the 2 weeks preceding the survey who received ORS</p>	<p>Number of children ages 0–59 months with diarrhea in the 2 weeks preceding the survey who received ORS</p> <p>SC406 = I</p> <hr/> <p>Number of children ages 0–59 months with fast or difficult breathing in the 2 weeks preceding the survey</p> <p>SC401 = I</p> <p style="text-align: right;">X 100</p>

Indicator	How to Calculate the Indicator
<p>4.3 Diarrhea Management with Zinc</p> <p>Percentage of children ages 0–59 months with diarrhea in the 2 weeks preceding the survey who received zinc</p>	<p>Number of children ages 0–59 months with diarrhea in the 2 weeks preceding the survey who received zinc</p> $\frac{\text{SC409} = I}{\text{Number of children ages 0–59 months with fast or difficult breathing in the 2 weeks preceding the survey}} \times 100$ <p>SC401 = I</p>
<p>4.4 Care-Seeking for Diarrhea from CHW (CCM Only)</p> <p>Percentage of children ages 0–59 months with diarrhea in the 2 weeks preceding the survey for whom advice or treatment was sought from a CCM-trained CHW</p>	<p>Number of children ages 0–59 months with diarrhea in the 2 weeks preceding the survey for whom advice or treatment was sought from a CCM-trained CHW</p> $\frac{\text{SC403} = [E \text{ OR } J]}{\text{Number of children ages 0–59 months with fast or difficult breathing in the 2 weeks preceding the survey}} \times 100$ <p>SC401 = I</p>
<p>4.5 Diarrhea Management with ORS and Zinc by CHW (CCM Only)</p> <p>Percentage of children ages 0–59 months with diarrhea in the 2 weeks preceding the survey who received ORS and zinc from a CCM-trained CHW</p>	<p>Number of children ages 0–59 months with diarrhea in the 2 weeks preceding the survey who received ORS and zinc from a CCM-trained CHW</p> $\frac{(\text{SC408} = [E \text{ OR } J]) \text{ AND } (\text{SC410} = [E \text{ OR } J])}{\text{Number of children ages 0–59 months with fast or difficult breathing in the 2 weeks preceding the survey}} \times 100$ <p>SC401 = I</p>
<p>4.6 Diarrhea Management with ORS by CHW (CCM Only)</p> <p>Percentage of children ages 0–59 months with diarrhea in the 2 weeks preceding the survey who received ORS from a CCM-trained CHW</p>	<p>Number of children ages 0–59 months with diarrhea in the 2 weeks preceding the survey who received ORS from a CCM-trained CHW</p> $\frac{\text{SC408} = [E \text{ OR } J]}{\text{Number of children ages 0–59 months with fast or difficult breathing in the 2 weeks preceding the survey}} \times 100$ <p>SC401 = I</p>
<p>4.7 Diarrhea Management with Zinc by CHW (CCM Only)</p> <p>Percentage of children ages 0–59 months with diarrhea in the 2 weeks preceding the survey who received zinc from a CCM-trained CHW</p>	<p>Number of children ages 0–59 months with diarrhea in the 2 weeks preceding the survey who received zinc from a CCM-trained CHW</p> $\frac{\text{SC410} = [E \text{ OR } J]}{\text{Number of children ages 0–59 months with fast or difficult breathing in the 2 weeks preceding the survey}} \times 100$ <p>SC401 = I</p>
<p>4.8 Child Seen by a CHW for a Follow-Up Visit (CCM only)</p> <p>Percentage of children ages 0–59 months with diarrhea who received treatment from a CCM-trained CHW in the 2 weeks preceding the survey who were seen by the CHW for a follow-up visit</p>	<p>Number of children ages 0–59 months with diarrhea who received treatment from a CCM-trained CHW in the 2 weeks preceding the survey who were seen by the CHW for a follow-up visit</p> $\frac{\text{SC414} = I}{\text{Number of children ages 0–59 months with diarrhea who received treatment from a CCM-trained CHW in the 2 weeks preceding the survey}} \times 100$ <p>(SC408 = [E OR J]) OR (SC410 = [E OR J])</p>

Sub-Module SC5: Caregiver Knowledge

Indicator	How to Calculate the Indicator
<p>5.1 Caregiver Knowledge of Child Danger Signs</p> <p>Percentage of mothers of children ages 0–59 months who know at least two signs of childhood illness that require immediately seeking assessment and treatment by a provider outside of the home</p>	<p>Number of caregivers of children ages 0–59 months who know at least two signs of childhood illness that require immediately seeking assessment and treatment by a provider outside of the home</p> $\frac{\text{SC501} = [\text{Any two of A-P}]}{\text{Number of caregivers of children ages 0–59 months in the survey}} \times 100$
<p>5.2 Care-Seeking for Sick Child (composite indicator)</p> <p>Percentage of children ages 0–59 months who were sick with fever, fast/difficult breathing, or diarrhea in the 2 weeks preceding the survey for whom advice or treatment was sought from an appropriate provider</p>	<p>Number of children ages 0–59 months who were sick with fever, fast/difficult breathing, or diarrhea in the 2 weeks preceding the survey for whom advice or treatment was sought from an appropriate provider</p> $\frac{(\text{SC203} = [\text{Any A-K}]) \text{ OR } (\text{SC303} = [\text{Any A-K}]) \text{ OR } (\text{SC403} = [\text{Any A-K}])}{\text{Number of children ages 0–59 months who were sick with fever, fast/difficult breathing, or diarrhea in the 2 weeks preceding the survey}} \times 100$ <p>$(\text{SC201} = 1) \text{ OR } (\text{SC301} = 1) \text{ OR } (\text{SC401} = 1)$</p>
<p>5.3 Appropriate Sick Care (Continued Fluids—Composite Indicator)</p> <p>Percentage of episodes of fever, fast/difficult breathing, or diarrhea in the 2 weeks preceding the survey among children ages 0–59 months with during which children were offered more than usual to drink (including breast milk)</p>	<p>Number of episodes of fever, fast/difficult breathing, or diarrhea in the 2 weeks preceding the survey among children ages 0–59 months during which children were offered more than usual to drink (including breast milk)</p> $\frac{\text{[1] } \frac{\text{SC214} = 4}{\text{SC201} = 1} \times 100 + \text{[2] } \frac{\text{SC312} = 4}{\text{PS301} = 1} \times 100 + \text{[3] } \frac{\text{SC415} = 4}{\text{SC401} = 1} \times 100}{\text{[1] + [2] + [3]}} \times 100$ <p><i>Note: A child might have had one or more of the three sicknesses above in the preceding 2 weeks. Therefore, in order to get a thorough understanding of the appropriate care during each episode, this composite indicator is based on the number of sickness episodes rather than the number of children who had been sick.</i></p>
<p>5.4 Appropriate Sick Child Care (Continued Fluids—Fever)</p> <p>Percentage of children ages 0–59 months with fever in the 2 weeks preceding the survey who were offered more than usual to drink (including breast milk)</p>	<p>Number of children ages 0–59 months with fever in the 2 weeks preceding the survey who were offered more than usual to drink (including breast milk)</p> $\frac{\text{SC214} = 4}{\text{Number of children ages 0–59 months with a fever in the 2 weeks preceding the survey}} \times 100$ <p>$\text{SC201} = 1$</p>

Indicator	How to Calculate the Indicator
<p>5.5 Appropriate Sick Child Care (Continued Fluids—Fast/Difficult Breathing)</p> <p>Percentage of children ages 0–59 months with fast or difficult breathing in the 2 weeks preceding the survey who were offered more than usual to drink (including breast milk)</p>	<p>Number of children ages 0–59 months with fast or difficult breathing in the 2 weeks preceding the survey who were offered more than usual to drink (including breast milk)</p> $\frac{\text{SC312} = 4}{\text{SC301} = 1} \times 100$
<p>5.6 Appropriate Sick Child Care (Continued Fluids—Diarrhea)</p> <p>Percentage of children ages 0–59 months with diarrhea in the 2 weeks preceding the survey who were offered more than usual to drink (including breast milk)</p>	<p>Number of children ages 0–59 months with diarrhea in the 2 weeks preceding the survey who were offered more than usual to drink (including breast milk)</p> $\frac{\text{SC415} = 4}{\text{SC401} = 1} \times 100$
<p>5.7 Appropriate Sick Care (Continued Fluids—Composite Indicator)</p> <p>Percentage of episodes of fever, fast/difficult breathing, or diarrhea in the 2 weeks preceding the survey among children ages 0–59 months with during which children were offered more than usual to eat</p>	<p>Number of episodes of fever, fast/difficult breathing, or diarrhea in the 2 weeks preceding the survey among children ages 0–59 months during which children were offered more than usual to eat</p> $\frac{[\text{1}] \frac{\text{SC215} = 4}{\text{SC201} = 1} \times 100 + [\text{2}] \frac{\text{SC313} = 4}{\text{PS301} = 1} \times 100 + [\text{3}] \frac{\text{SC416} = 4}{\text{SC401} = 1} \times 100}{[\text{1}] + [\text{2}] + [\text{3}]} \times 100$ <p><i>Note: A child might have had one or more of the three sicknesses above in the preceding 2 weeks. Therefore, in order to get a thorough understanding of the appropriate care during each episode, this composite indicator is based on the number of sickness episodes rather than the number of children who had been sick.</i></p>
<p>5.8 Appropriate Sick Child Care (Continued Feeding—Fever)</p> <p>Percentage of children ages 0–59 months with fever in the 2 weeks preceding the survey who were offered more than usual to eat</p>	<p>Number of children ages 0–59 months with fever in the 2 weeks preceding the survey who were offered more than usual to eat</p> $\frac{\text{SC215} = 4}{\text{SC201} = 1} \times 100$

Indicator	How to Calculate the Indicator
<p>5.9 Appropriate Sick Child Care (Continued Feeding—Fast/Difficult Breathing)</p> <p>Percentage of children ages 0–59 months with fast or difficult breathing in the 2 weeks preceding the survey who were offered more than usual to eat</p>	<p>Number of children ages 0–59 months with fast or difficult breathing in the 2 weeks preceding the survey who were offered more than usual to eat</p> $\frac{\text{SC313} = 4}{\text{SC301} = 1} \times 100$
<p>5.10 Appropriate Sick Child Care (Continued Feeding—Diarrhea)</p> <p>Percentage of children ages 0–59 months with diarrhea in the 2 weeks preceding the survey who were offered more than usual to eat</p>	<p>Number of children ages 0–59 months with diarrhea in the 2 weeks preceding the survey who were offered more than usual to eat</p> $\frac{\text{SC416} = 4}{\text{SC401} = 1} \times 100$
<p>5.11 Caregiver Knowledge of CHW Treatment Activities (CCM Only)</p> <p>Percentage of mothers of children ages 0–59 months who know that there is a CHW in her community who provides treatment for fever and fast/difficult breathing and management of diarrhea.</p>	<p>Number of caregivers of children ages 0–59 months who know that there is a CHW in her community who provides treatment for fever and fast/difficult breathing and management of diarrhea.</p> $\frac{\text{SC503} = [\text{O AND P}] \text{ AND } [\text{Q OR R}]}{\text{Number of caregivers of children ages 0–59 months in the survey}} \times 100$
<p>5.12 Caregiver Knowledge of CHW Treatment Activities for Fever (CCM Only)</p> <p>Percentage of mothers of children ages 0–59 months who know that there is a CHW in her community who provides treatment for fever</p>	<p>Number of caregivers of children ages 0–59 months who know that there is a CHW in her community who provides treatment for fever</p> $\frac{\text{SC503} = [\text{N OR O}]}{\text{Number of caregivers of children ages 0–59 months in the survey}} \times 100$
<p>5.13 Caregiver Knowledge of CHW Treatment Activities for Fast or Difficult Breathing (CCM Only)</p> <p>Percentage of mothers of children ages 0–59 months who know that there is a CHW in her community who provides treatment for fast or difficult breathing</p>	<p>Number of caregivers of children ages 0–59 months who know that there is a CHW in her community who provides treatment for fast or difficult breathing</p> $\frac{\text{SC503} = \text{P}}{\text{Number of caregivers of children ages 0–59 months in the survey}} \times 100$

Indicator	How to Calculate the Indicator
<p>5.14 Caregiver Knowledge of CHW Treatment Activities for Diarrhea (ORS) (CCM Only)</p> <p>Percentage of mothers of children ages 0–59 months who know that there is a CHW in her community who provides ORS for management of diarrhea</p>	<p>Number of caregivers of children ages 0–59 months who know that there is a CHW in her community who provides ORS for management of diarrhea</p> $\frac{SC503 = Q}{\text{Number of caregivers of children ages 0–59 months in the survey}} \times 100$
<p>5.15 Caregiver Knowledge of CHW Treatment Activities for Diarrhea (Zinc) (CCM Only)</p> <p>Percentage of mothers of children ages 0–59 months who know that there is a CHW in her community who provides zinc for management of diarrhea</p>	<p>Number of caregivers of children ages 0–59 months who know that there is a CHW in her community who provides zinc for management of diarrhea</p> $\frac{SC503 = R}{\text{Number of caregivers of children ages 0–59 months in the survey}} \times 100$
<p>5.16 Child Seen by a CHW for a Follow-Up Visit (Composite Indicator) (CCM only)</p> <p>Percentage of episodes of fever, fast/difficult breathing, or diarrhea among children ages 0–59 months in the 2 weeks preceding the survey for which treatment was received from a CCM-trained CHW and who were seen by the CHW for a follow-up visit</p>	<p>Number of episodes of fever, fast/difficult breathing, or diarrhea among children ages 0–59 months in the 2 weeks preceding the survey for which treatment was received from a CCM-trained CHW and who were seen by the CHW for a follow-up visit</p> $\frac{\text{Number of episodes of fever, fast/difficult breathing, or diarrhea among children ages 0–59 months in the 2 weeks preceding the survey for which treatment was received from a CCM-trained CHW}}{\text{Number of episodes of fever, fast/difficult breathing, or diarrhea among children ages 0–59 months in the 2 weeks preceding the survey for which treatment was received from a CCM-trained CHW}} \times 100$ <p>[1] $SC213 = \frac{I}{SC211 = [E \text{ OR } J]} \times 100$</p> <p>[2] $SC311 = \frac{I}{SC309 = [E \text{ OR } J]} \times 100$</p> <p>[3] $SC414 = \frac{I}{(SC 408 = [E \text{ OR } J]) \text{ OR } (SC 410 = [E \text{ OR } J])} \times 100$</p> $\frac{[1] + [2] + [3]}{\text{Total}} \times 100$ <p><i>Note: A child might have had one or more of the three sicknesses for which he/she say a CHW. Therefore, in order to get a thorough understanding of the follow-up visits by a CHW, this composite indicator is based on the number of sickness episodes and not children 0–59 months.</i></p>

7. Other Data Sources

Immunization Module

When implementing interventions to address child illnesses, it is important to measure coverage of vaccines that can prevent these illnesses. For example the pneumococcal conjugate vaccine prevents forms of

pneumonia and meningitis caused by *Streptococcus pneumoniae* and the Rotavirus vaccine prevents many cases of childhood diarrhea. Please refer to the immunization module that is part of the KPC and include relevant questions in the survey of sick children.

Qualitative

Certain topics are better explored using qualitative research techniques rather than closed-ended questions. The qualitative research component will yield important information on community knowledge, beliefs, and normative practices related to sick children. For example, findings from focus group discussions could be used to modify the KPC questionnaire to reflect local terms, concepts, and customs. In addition, upon completion of the KPC survey, additional areas may need to be explored. Thus, program staff can employ qualitative methods to provide explanations for specific KPC results (e.g., caregivers overwhelmingly seek care for sick children at the health center rather than through the CCM-trained CHW). The following list contains a sample of topics relevant to sick child care could be explored through qualitative research means:

- Which signs and symptoms of childhood illness caregivers perceive as severe
- How caregivers decide if and where to seek care
- Who in the household makes the decision to seek care (father, mother, joint, etc.)
- What caregivers understand and believe about causality of the three primary childhood illnesses—malaria, diarrhea, and pneumonia
- How caregivers treat each disease/symptom—fever, fast/difficult breathing, diarrhea
- Barriers to care-seeking for sick children (distance to providers, quality of care, cultural practices or beliefs, etc.)

Please note that while potential topics are provided, the KPC tools do not include guidance on how to conduct qualitative studies.

Health Facility Assessments

The KPC does not include indicators to assess the quality of care that children are receiving from providers because caregiver recall is generally unreliable for such evaluation. Most projects will need to measure appropriateness of diagnosis, treatment, and counseling and should use more direct methods for assessing provider performance such as record review, observation, and exit interviews. Such assessments will also help to measure other critical areas such as staffing, training, supervision, equipment, and commodity supply.

CCM Assessments

While some health facility assessment tools have a component for evaluating CHW performance, projects with a large CCM component may need to seek out or develop CCM resources to collect information on CCM services, including CHW performance, reporting, supervision, and drug supply. Program managers can find guidance on conducting a CCM situation analysis in the [CCM Essentials Manual](#).

8. Survey Questionnaire

[See Excel file for Sick Child Questionnaire]

