



## Community Follow-Up Tool

Hello, my name is..... from ..... Community. I have been selected by our Community Health Committee to find out about your recent Community Health Volunteer (CHV) visit to your household. This kind of information is difficult to capture in any other way. We will use the results of this interview to help us identify areas for improvement so that we can provide the best possible community health services. This interview is entirely voluntary and will take no more than 20 minutes. Your answers will remain confidential. If you are happy to participate please can you confirm that the CHV visited your household within the last month. **YES / NO** (please circle).

Basic Information	
Name of Community Health Unit	
Date of interview	
Household number	
Number of pregnant women in the household at the time of last CHV visit.	
Number of newborns (up to 28 days) at the time of last CHV visit.	
Number of infants (29 days to 6 months) at the time of last CHV visit.	
Number of children (6 months to 5 years old) at the time of last CHV visit.	

General Questions	Hours	Mins
How long did the CHV visit take?		
	YES	NO
Did you feel like the CHV spent enough time with you?		
Did the CHV explain why they were visiting you?		
Did the CHV assure you that what you discussed would remain between the two of you?		
Did the CHV record information in an official form ( <i>Show MoH 514</i> )		

ACTIVITIES		
ANC	YES	NO
Did the CHV ask you if there were pregnant women in this house? <i>If no pregnant women or if CHV did not ask about pregnant women, skip to post-natal care questions</i>		
1b. If Yes, did the CHV ask you how far advanced the pregnancy is?		
Did the CHV ask if you attended an ANC clinic during this pregnancy?		
2b. if Yes, did the CHV check the Mother Child booklet?		
Did the CHV advice on at least four ANC visits?		
Did the CHV refer for delivery by a skilled attendant?		

Postnatal Care	YES	NO
Did the CHV ask if there are women in this house with newborn(s)? <i>If no newborns in the house or CHV did not ask about newborns, skip to immunization questions</i>		
<i>1b. If Yes, did the CHV ask if it was a home delivery or a facility delivery?</i>		
<i>For mothers who gave birth in a facility, did the CHV check the Mother Child booklet?</i>		
<i>For mothers who delivered at home, did the CHV refer for postnatal care?</i>		

Immunization	YES	NO
Did the CHV ask you about children aged under five years in this house? <i>If no children under 5 or CHV did not ask, skip to Communication section</i>		
Did the CHV check immunizations were up-to-date for each child in the Mother Child booklet/s?		
Did the CHV refer all children whose immunisations were not up-to-date?		

Malnutrition	YES	NO
Did the CHV check if all children aged under five years in this house attended the clinic for weighing?		
<i>Skip question if there are no children between six months and five years.</i> Did the CHV use a MUAC tape to measure the left arm of all children in the house above six months but below five years? (Show MUAC tape).		
<i>2b. If the child/children's arm measurement was not OK, did the CHV refer the child/children for nutrition services?</i>		

COMMUNICATION	YES	NO
Did the CHV treat you with respect?		
Did the CHV listen to you?		
Did the CHV give you advice?		
Did you understand this advice?		
Did you have a chance to ask questions during the visit?		

REFERRAL	YES	NO
Did the CHV give you a referral form for each person referred?		
Did you understand why the referral/s was made?		
Did you go to a health facility for all the referrals which were made? If yes go to question 4. 3b. If you did not go what was your reason? .....		
..... .....		
If you did go to a health facility did you receive all the services for which you were referred? 4b. If not why not?.....		
..... .....		
Did the CHV find out if you received all services you were referred for? 5b. If yes how?		
..... ..... .....		

Referral Facility (Complete this table for ALL the services referred for)						
What did you think about all the services you were referred for?						
Name of facility	Reason for referral: ANC, skilled delivery, postnatal care, immunization, nutrition	Very good	OK	Not so good	Not good at all	Didn't go

Is there anything else you would like to say about your last CHV visit? (e.g. was there anything you especially liked or disliked?)

**Thank you for your time!**

### **Acknowledgement**

The USAID SQALE CHS Program is made possible by the generous support of the American people through the United States Agency for International Development (USAID) and is implemented under cooperative agreement number AID-OAA-A-16-00018. The program is managed by prime recipient, Liverpool School of Tropical Medicine.