
Reaching the Hard to Reach
*Feasibility study on reaching children at the 6 months with
vitamin A supplementation*

Research Guide
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Helen Keller International – Tanzania



Glossary of Terms and Abbreviations

DOB	.....	Date of birth
DPT3	.....	The third dose of a vaccine to prevent diphtheria, pertussis (whooping cough) and tetanus; children are enrolled in the study when they come to the clinic for this vaccine around three months of age
EPI	.....	Expanded Program on Immunization; a department within the Ministry of Health and Social Welfare, which is responsible for vaccination services
GMP	.....	Growth monitoring and promotion; routine service offered through RCH clinics
GM+/ufuatilaji+	.....	Name given to the study intervention; at 6 mo., in addition to routine growth monitoring, children enrolled in the intervention clinics are to receive Vitamin A supplementation and their mothers/caregivers are to receive complementary feeding counseling
HCW	.....	Health care worker
IYCF	.....	Infant and young child feeding
KAP	.....	Knowledge, attitudes, and practices; this is the name given to the questionnaire administered during the study, as it is measuring these three components of a mother's infant feeding behaviors
MUAC	.....	Mid-upper arm circumference; a measurement that helps to determine an individual's nutrition status
RA	.....	Research assistant
RCH	.....	Reproductive and child health
SC	.....	Study coordinator
TFNC	.....	Tanzania Food and Nutrition Center; coordinates nutrition activities within Tanzania
VAS	.....	Vitamin A supplementation
WHO	.....	World Health Organization

Study Background

Vitamin A supplementation (VAS) has been identified as an effective way to prevent childhood blindness and to reduce deaths among children under-5 years of age. Studies indicate that twice yearly vitamin A supplementation results in an estimated 23% reduction in under-5 deaths¹. The United Republic of Tanzania has been providing twice-yearly, mass vitamin A supplementation to children under-5 since 2001. Recent reductions in child mortality in Tanzania can be attributed, in part, to high coverage rates attained during these twice-yearly campaigns².

Tanzania also provides VAS through the Expanded Program on Immunization (EPI) from health clinics and routine outreach. The current EPI schedule has established times (referred to in this study as contact points) at 1, 2, 3 months and again at 9, 15 and 21 months when children are expected to be brought to the clinic to receive vaccinations. According to this schedule, VAS is first provided through EPI at 9 months when a child receives his/her measles vaccination. However, WHO and Tanzanian VAS guidelines recommend that the first dose of VAS should be given at 6-months. Thus, unless a child is 6 months of age during the period of a VAS campaign (only about 1 out of every 6 children per year) they will not be reached at the earliest possible age.

It is very important that a child be supplemented as early as possible with vitamin A. There is evidence to show that as children grow older, the rates of death decrease significantly with each additional month of life (i.e. the death rate among children who are 7 months of age is less than the death rate among children who are 6 months of age)³. Therefore, VAS protection would have the greatest benefit when children are younger and at a greater risk of death. This is supported by research, which shows that VAS's impact on the total number of lives saved is different for different age groups (see figure 1)⁴, with more total lives being saved among younger children compared to older children.

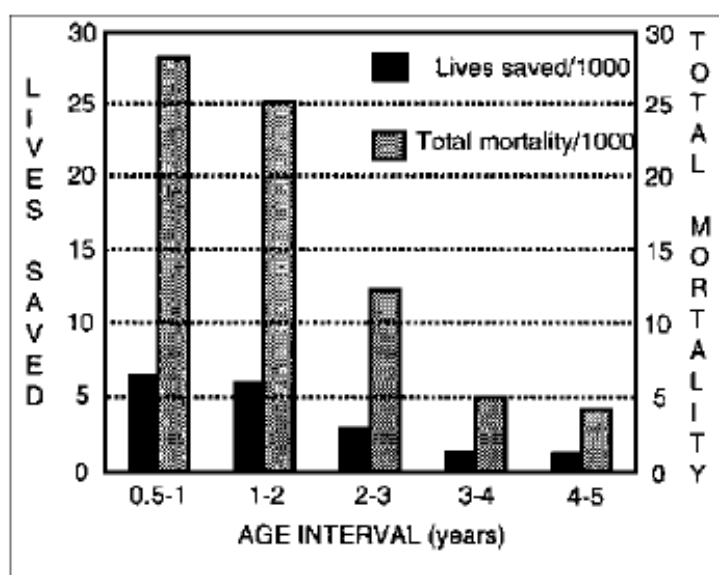


Figure 1: Potential of lives saved through vitamin A supplementation at different age intervals (source: Beaton 1993)

The investigators of this study suggest that reaching children at 6 months with VAS is likely to be most effectively accomplished by establishing an official 6-month visit within the national EPI. If an official contact point in between the currently scheduled EPI visits at 3 and 9 months were established, young children could be reached with essential services during an important period in their development. In addition to VAS, these services could include counseling on complementary feeding, catch up vaccination, as well as any other relevant services available to mothers and children in the facility (e.g. family planning, growth monitoring, etc.). An official 6-month visit with an emphasis on nutrition services and counseling could therefore be an effective means of providing VAS and an important addition to the current EPI schedule

1. Beaton GH, Martorell R, Aronson KJ, Edmonston B, McCabe G, Ross AC, et al. Effectiveness of vitamin A supplementation in the control of young child morbidity and mortality in developing countries. ACC/SCN State-of-the-Art Series: Nutrition Policy Discussion Paper No. 13. Geneva: The United Nations, 1993
2. Masanja, H et al.(2008) Child survival gains in Tanzania: analysis of data from demographic and health surveys. The Lancet 12 April 2008: 6736(08) p 60562-70.
3. Ross & Burkhalter (2007) When Do Infants Die? Analysis of Pooled DHS Data from 67 Countries, AED/Linkages unpublished paper

4. Beaton GH, Martorell R, Aronson KJ, Edmonston B, McCabe G, Ross AC, et al. Effectiveness of vitamin A supplementation in the control of young child morbidity and mortality in developing countries. ACC/SCN State-of-the-Art Series: Nutrition Policy Discussion Paper No. 13. Geneva: The United Nations, 1993

Introduction to the Study

This study is a health facility level, randomized controlled study. It will investigate the feasibility and effectiveness of introducing a 6-month contact point into Tanzania's current EPI schedule. In 4 intervention facilities, when the children come at 6-months of age, they will receive vitamin A supplementation in addition to growth monitoring services. Their mothers/caretakers will then receive infant feeding counseling. Note that during this study, the 6-month intervention visit will be called GM+ (or ufuatiliaji+). In 2 control facilities, children will receive the routine quality of care, which, at 6 months, is usually only growth monitoring.

The primary objectives of this study are to determine:

- The age at first dose of vitamin A in the group with access to the intervention services compared to those in the control group with access to current routine services
- Acceptability of a new 6-month contact point to caretakers and health workers

The six-month contact point also presents an opportune time to provide caregivers with infant and young child feeding (IYCF) counseling, which is important because 6 months marks when complementary feeding should begin. Determining whether providing this IYCF counseling is effective will also be important to determining the overall effectiveness of the proposed 6-month visit. With this and the primary objectives in mind, data will be collected to determine when children receive their first dose of vitamin A, how caregivers' infant feeding knowledge, attitudes, and practices change over the study period, and the impact of the new contact point on health workers. Ultimately, this study will provide the Ministry of Health and Social Welfare with evidence and lessons learned for the feasibility of this approach to ensuring children are protected with vitamin A as early as possible.

The study will be conducted within 6 health facilities in the Sengerema District of Mwanza Region:

Katunguru Health Center, Nyamezese Dispensary, Nyachenche Dispensary, Bupandwamela Dispensary, Irigamba Dispensary and Nyamadoka Dispensary. One enumerator/research assistant will be posted full time at each facility for a total of up to 10 months or until all enrolled children are followed up. Children will be enrolled at their 3-months/12 weeks visit, when they are scheduled to receive their DPT3 vaccine. The enrollment period will be 2 months long, and all children who are 3 months of age coming to the facility for DPT3 vaccination during this period will be eligible. They will remain enrolled until their 9-month EPI visit to receive their measles vaccination. See the study timeline below for a more detailed description of data to be collected throughout the study period.

Data Collection Timeline

	Enrollment Visit [3 Months]	Growth Monitoring Attendance Tracking	Intervention (GM+) Visit [6 Months]	Growth Monitoring Attendance Tracking	Discharge Visit [9 Months]
Proposed Timing	Feb-March	April	May-June	July	August-Sept
Clinic Activity	DPT3 vaccination	Growth monitoring	Intervention: VAS and IYCF counseling Control: growth monitoring	Growth monitoring	Measles vaccination
Data Collection Activities	<ul style="list-style-type: none"> Study enrollment Growth monitoring KAP pre-test 	<ul style="list-style-type: none"> GMP attendance 	Intervention: <ul style="list-style-type: none"> Receipt of VAS Growth monitoring KAP post-test Control: <ul style="list-style-type: none"> Attendance at GMP 	<ul style="list-style-type: none"> GMP attendance 	<ul style="list-style-type: none"> KAP post-test Child discharged from study
Forms to be Used	<ul style="list-style-type: none"> Child health card data collection form KAP Questionnaire 	<ul style="list-style-type: none"> Enumerator Tally Sheet – GMP Attendance 	Intervention: <ul style="list-style-type: none"> Child health card data collection form KAP Questionnaire Control: <ul style="list-style-type: none"> Child health card data collection form 	<ul style="list-style-type: none"> Enumerator Tally Sheet – GMP Attendance 	<ul style="list-style-type: none"> Child health card data collection form KAP Questionnaire

Note:

- ***Each clinic day***, the time clinic begins and ends, the number of patients seen, and the number of HCW working needs to be recorded using the “***Enumerator Tally Sheet – RCH HCW Work Load***”
- Attendance at the ***Vitamin A campaign*** will need to be documented using the “***CHD-VAS Campaign Attendance***” data collection form.
- ***Once all children from the facility have been discharged***, exit interviews need to be conducted with RCH staff at the clinic using the “***Health Worker Exit Interview***” form.

How and when to use all of the above mentioned forms is described in the following pages of this research guide.

Data Collection Tools – General Notes

There will be three bound books containing most of the data collection tools.

[Book 1] Child Data Collection – *Original Data*

- . Study Enrollment Register
- . Child health card data collection forms
- . Data Hand-Over Tracking

[Book 2] Child Data Collection – *Transcribed Copy for Computerized Data Entry*

- . Study Enrollment Register
- . Child health card data collection forms

[Book 3] Facility Data Collection – *Original Data*

- . Enumerator Tally Sheet HCW Workload forms
- . Enumerator Tally Sheet - GMP Tally Sheets
- . CHD – VAS Campaign Attendance sheets

The information in these books is confidential. You will need to make sure they remain in a locked cabinet when you are not using them. Additionally, **Books 1 and 3 cannot be removed from the facility at any time for any reason** until the very end of the data collection period. Book 2 may be taken out of the facility, but only by the study coordinator, and will be tracked and managed by the Study Coordinator. Ultimately, the enumerators/RAs are responsible for the security and maintenance of Books 1 and 3 on a daily basis throughout the study and the Study Coordinator for Book 2. At the end of the study all books will be handed to the Study Coordinator.

You will also have a supply of KAP questionnaires and two clear plastic folders. Unused forms should be kept in one folder, and the completed forms should be placed in the other to be collected by the study coordinator for data entry. These folders should also remain in a locked cabinet when they are not being used, and they cannot be removed from the facility by anyone other than the study coordinator.

The HCW exit interview forms will be distributed to you toward the end of the data collection period.

You will be given a “research assistant ID number”. Use this ID number on all forms that ask for it.

It is very important that all forms be filled out completely and accurately. If a space is left blank, it is unclear if the information was not available, or was not collected. Do your best to collect all the necessary information. If information is not written on a child’s health card, it may be available in the clinic register. In the case a space must be left blank, you must then write why it is left blank. Otherwise, the form will be returned to you to complete the information.

The study coordinator will come to the clinic periodically to monitor your progress and to collect new data for data entry. He/she will fill in Book 2 with any new data you have collected, as well as collect any completed KAP questionnaires. It is important to use this time to also discuss any issues. If you are having problems using the forms or collecting the data, discuss them with the study coordinator as soon as possible.

Forms you are responsible for completing during data collection period:

- . Child health card data collection form
- . Study Enrollment Register
- . KAP Questionnaire
- . Enumerator Tally Sheet – RCH HCW Workload
- . Enumerator Tally Sheet - GMP Tally Sheet
- . CHD – VAS Campaign Attendance
- . Health Worker Exit Interview

Data Collection Tools—Child Health Card Data Collection Form

This is the main data collection tool for this study. There is one form for each child in the study. On the backside of each form is the consent statement. During the enrollment visit, after you introduce yourself and give an introduction to the study, you must read this statement word-for-word to the mother/caretaker. If the mother/caretaker agrees, you may continue and collect the necessary information. The first half of the form (clinic name, child, mother and contact information) should be completed during the enrollment visit. The “DPT3” column should also be completed during this enrollment visit. The second column, “GM+/ufuatilaji+”, is to be completed *only in intervention facilities* when the child comes to clinic at 6 months. *In control facilities*, if the child is brought in for routine growth monitoring, you only need to write the visit date in the GM+/ufuatilaji+, column. The last column, “measles/surua”, is to be completed when the child returns at 9 months. Before the child may be discharged from the study, you must complete the box labeled “study exit” at the end of the page.

- Fill in the name of the facility, as well as the village and sub-village in which it is located.
- The “child’s study identification number” should be taken from the column called “study ID” on the “study enrollment register” form. The “study enrollment date” is the date the child attends the clinic to receive their DPT3 vaccine and is enrolled in the study
- This information may be written on the child’s health card but should be confirmed using the clinic register.
- Fill in the name, date of birth, and sex of the child
- Fill in the name and age of the mother. Tick the box next to the educational status that most closely describes the mother’s highest level of education. This information about the mother should be filled in even if she is not present during the enrollment process. If the caretaker with the child is unsure of any information, you may leave it blank, but write why it is left blank.
- Fill in the contact information. If the mother/caretaker is concerned about giving this information, reassure her that the information will remain confidential and will only be used in case you need to contact her for the study.
- The “DPT3” column is to be completed **for all children** using the child’s health card during the enrollment process, *after* the child has completed their clinic visit. Fill in the date of the visit. You do *not* need to fill in any information on routine vitamin A and measles immunization. Only fill in the growth monitoring information, and once you have completed the KAP survey, tick the box.

a	Jina la Kituo: _____ Kijiji: _____ Mtaa/Kitongoji: _____		
b	Nambari ya mtoto ya utambulisho: |_|_|_|	c	Kutoka regista ya kliniki: Tarehe ya kwanza ya mtoto kupewa huduma katika kiliniki ya RCH: |_|_|/|_|_|/|_|_|_|_| RCH - Nambari ya usajili: _____
d	Mtoto Jina: _____ Tarehe ya kuzaliwa: |_|_|/|_|_|/|_|_|_|_| [TAR/MWEZI/MWAKA] Jinsia: <input type="checkbox"/> Me <input type="checkbox"/> Ke		
e	Mama (rekodi hata kama hayupo kliniki pampaja na mtoto) Jina: _____ Umri: |_|_|Miaka Hali ya elimu: <input type="checkbox"/> Hana elimu <input type="checkbox"/> Elimu isiyo rasmi <input type="checkbox"/> Elimu ya Msingi <input type="checkbox"/> Baada ya Elimu ya msingi-Mafunzo ya ufundi stadi <input type="checkbox"/> Hakuhitimu elimu ya skondari <input type="checkbox"/> Elimu ya kidato cha nne <input type="checkbox"/> Elimu ya kidato cha sita <input type="checkbox"/> Elimu ya chuo		
f	Anuani M/kiti was mtaa/kitongoji : _____ Simu ya mkononi #: (ya mama au mtu wa karibu) _ _ _ _ _ _ _ _ _ _ <input type="checkbox"/> Haiwezekani kupatikana		
g	DPT3	h	Ufuatilaji +
i	Surua		
Tarehe ya hudhurio [TAR/MWEZI/MWAKA]: |_|_|/|_|_|/|_|_|_|_|			
Vitamini A ya utaratibu wa kawaida na chanjo ya surua			
Ampata Vitamini A:		N H	N H
Taarifa toka kwa:		<input type="checkbox"/> Kadi <input type="checkbox"/> Mama	<input type="checkbox"/> Kadi <input type="checkbox"/> Mama
Tarehe aliyopata:		|_|_|/|_|_|/|_|_|_|_|	|_|_|/|_|_|/|_|_|_|_|
Kama hakupewa vitamini A, kwani?:		_____	_____
Ampata chanjo ya surua:			N H
Tarehe aliyopata:			|_|_|/|_|_|/|_|_|_|_|
Endapo hakupata chanjo ya surua, kwa nini?:			_____
Ufuatilaji wa Ukuaji			
Uzito umerekodiwa:	N H	N H	N H
Uzito (kilo):	|_|_|.|_|_|	|_|_|.|_|_|	|_|_|.|_|_|
Urefu umerekodiwa:	N H	N H	N H
Urefu (sentimetra):	|_|_|.|_|_|	|_|_|.|_|_|	|_|_|.|_|_|
Mzunguko wa mkono (MUAC) imerekodiwa:	N H	N H	N H
MUAC:	|_|_|.|_|_|	|_|_|.|_|_|	|_|_|.|_|_|
Maswali ya upimaji wa uelewa yametolewa?:	<input type="checkbox"/> (Upimaji wa kabla)	<input type="checkbox"/> (Upimaji baada)	<input type="checkbox"/> (Upimaji baada)
j Kumalizika kwa utafiti (mwishoni mwa hudhurio la surua)			
Je mtoto alipata matone ya vitamini A mara bili kwa mwaka tangu amejungua?:	N H	Mtoto ameruhusiwa kutoka utafiti <input type="checkbox"/>	
Tarehe aliyopata [TAR/MWEZI/MWAKA]:	|_|_|/|_|_|/|_|_|_|_|	_____ (herufi za mwanzo za majina)	
Je tarehe aliyopata imerekodiwa kwenye kadi ya mtoto ya afya?:	N H		

Data Collection Tools—Child Health Card Data Collection Form [Continued]

Hudhuria:	g DPT 3	h Ufuatiliaji +	i Surua
Tarehe ya hudhuria [TAR/MWEZI/MWAKA]:	__/__/__	__/__/__	__/__/__
Vitamini A ya utaratibu wa kawaida na chanjo ya surua			
Ampata Vitamini A:		N H	N H
Taarifa toka kwa:		<input type="checkbox"/> Kadi <input type="checkbox"/> Mama	<input type="checkbox"/> Kadi <input type="checkbox"/> Mama
Tarehe aliyopata:		__/__/__	__/__/__
Kama hakupewa vitamini A, kwanini?:			
Ampata chanjo ya surua:			N H
Tarehe aliyopata:			__/__/__
Endapo hakupata chanjo ya surua, kwa nini?:			
Ufuatiliaji wa Ukuaji			
Uzito umerekodiwa:	N H	N H	N H
Uzito (kilo):	|_|_|.|_|	|_|_|.|_|	|_|_|.|_|
Urefu umerekodiwa:	N H	N H	N H
Urefu (sentimeta):	|_|_|_|.|_|	|_|_|_|.|_|	|_|_|_|.|_|
Mzunguko wa mkono (MUAC) imerekodiwa:	N H	N H	N H
MUAC:	|_|_|.|_|	|_|_|.|_|	|_|_|.|_|
Maswali ya upimaji wa uelewa yametolewa?:	<input type="checkbox"/> (Upimaji wa kabla)	<input type="checkbox"/> (Upimaji baada)	<input type="checkbox"/> (Upimaji baada)
j Kumalizika kwa utafiti (mwishoni mwa hudhuria la surua)			
Je mtoto alipata matone ya vitamini A mara bili kwa mwaka tangu amejiunga?:	N H	Mtoto ameruhusiwa kutoka utafiti <input type="checkbox"/>	
Tarehe aliyopata [TAR/MWEZI/MWAKA]:	__/__/__	____ (herufi za mwanzo za majina)	
Je tarehe aliyopata imerekodiwa kwenye kadi ya mtoto ya afya?:	N H		

h. The “GM+/Ufuatiliaji+” column is to be completed **only for children at intervention facilities** after the clinic visit. Fill in the date of the visit. Then, look at the child’s health card and indicate if the child received vitamin A during the visit. If nothing is written on the child’s health card, you may ask the mother if her child received vitamin A. Circle either yes (N) or no (H). Tick the box next to “kadi” if you were able to get the information from the child’s health card. Tick the box next to “mama” if you had to ask the mother for the information. Write the date the child received vitamin A (may not, but likely to be the same as the “visit date”).

If the child did *not* receive vitamin A, write why not in the space provided (e.g. mother refused, VAS was not available at the facility). You do *not* need to fill in any information on measles vaccination. Complete the growth monitoring information also using the child’s health card. Once you have completed the KAP survey, tick the box.

For **children at control facilities**: only if the child is brought in for growth monitoring at 6 months, fill in the date of the visit, but do *not* collect information for vitamin A and growth monitoring, and you do not need complete the KAP survey.

- i. The “measles/surua” column is to be completed **for all children** using the child’s health card *after* the child has completed their clinic visit. Fill in the date of the visit. Then, look at the child’s health card and indicate if the child received vitamin A during the visit. If nothing is written on the child’s health card, you may ask the mother if her child received vitamin A. Circle either yes (N) or no (H). Tick the box next to “kadi” if you were able to get the information from the child’s health card. Tick the box next to “mama” if you had to ask the mother for the information. Write the date the child received vitamin A (may not, but likely to be the same as the “visit date”). If the child did *not* receive vitamin A, write why not in the space provided (e.g. mother refused, VAS was not available at the facility). Use the child’s health card to indicate if the child received the measles vaccine. Write the date the child received the measles vaccine (may not, but likely to be the same as the “visit date”). If the child did *not* receive the measles vaccine, write why not in the space provided (e.g. mother refused, vaccine was not available at the facility). Complete the growth monitoring information also using the child’s health card. Once you have completed the KAP survey, tick the box.
- j. The “study exit” information can also be completed after the child’s measles visit at 9 months. The information may be written on the child’s health card. If it is not, you will need to look at the “CHD-VAS Campaign Attendance” form you completed during the Vitamin A campaign in June. Circle yes (N) or no (H) to indicate if vitamin A was received. If this information is not on the child health card and was not recorded on the “CHD-VAS Campaign Attendance” form, but the mother/caretaker confirms the child attended the campaign, then write in the margin at the bottom of the page that the information was reported by the mother/caretaker. Fill in the date VAS was received (i.e. the date the child attended the campaign). Then, circle yes (N) or no (H) to indicate if this information is written on the child’s health card. Once you have completed this information tick the box to indicate the child is discharged from the study and write your initials. Make sure to thank the mother/caretaker for their participation in the study.

Data Collection Tools –Study Enrollment Register

This form will help you to keep track of the children enrolled in the study for your facility. For each child you enroll, you will want to write their name, their RCH registration number, and their mother’s name. The study ID number should then be written on the “child health card data collection form”. The enrollment period will be for 2 complete months. During these 2 months, you are to enroll all eligible children (children coming to the facility at 3 months of age for DTP3 vaccination) whose mothers/caretakers give consent. **First you should read the consent statement on the back of the “child health card data collection form” and have the mother sign if she agrees.** Then write the child’s information on the register and transfer the study ID number to their data collection form.

a

Study Enrollment Register [Facility No. 1]

Research assistant ID No.: _____ Facility name: _____ Date first child enrolled: ____/____/____

Village: _____ Sub-village: _____

Form No.	Study ID No.	Child's Name	RCH Registration No.	Mother's Name	Has attended:			Discharged from the study	Comments
					DTP3	GM+	Measles		
1.	101				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	102				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	103				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	104				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	105				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	106				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	107				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	108				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	109				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	110				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.	111				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.	112				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.	113				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.	114				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15.	115				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16.	116				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17.	117				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18.	118				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19.	119				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20.	120				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- a. Fill in your ID number and the name of the facility. Fill in the name of the village and sub-village in which your facility is located. The “date first child enrolled” should be the date when you enroll the first child for *your* facility.
- b. The “form no.” is the number written on the bottom right corner of the “child health card data collection form”. This number will help you to quickly find the appropriate form for each child.
- c. The “study ID no.” is the unique number given to each child in the study. When you enroll a child, this number should be written in the information panel of the “child health card data collection form”.
- d. Fill in the child’s name
- e. “RCH registration no.” is the number the facility assigns to each child. This number should be written on the child’s health card and the clinic register
- f. Fill in the mother’s name
- g. This column is meant to help you keep track of when a child attends each of the study visits. Tick the appropriate box once the child has attended. Note that in control facilities, the child may or may not attend GMP at 6 months, but tick the box if he/she attends.
- h. Tick the box when the child has been discharged from the study.
- i. Use this column if you need to make any comments. For example, if a mother changes her mind and no longer wants her child in the study, you must indicate this.

Data Collection Tools –KAP Questionnaire

In *intervention facilities*, the KAP questionnaire is to be completed after all three study visits. In *control facilities*, the KAP questionnaire is to be completed only during the enrollment visit and the discharge visit. It is up to you whether you want to complete this questionnaire or the “child health card data collection form” first, but both need to be completed for each study visit.

KAP Questionnaire

a

Jina la Mtoto _____ Jina la kituo: _____
 Namba ya utambulisho ya mtoto katika utafiti |__|__|__|
 Hudhuria: DPT Ufuatiliaji + Surua
 Jina la mama: _____ Tarehe ya hudhuria: __/__/_____
 Kama sio mama, jina la mtu anaehojiwa: _____ na pia
 Uhusiano wake na mtoto: _____

b

NA.	SWALI	KANUNI YA UJAZAJI	SKIP	VARIABLE
1.	Je [<i>JINA</i>] bado anayonya?	1. Ndiyo 2. Hapana	Go to Q4	pbf
2.	Je [<i>JINA</i>] alinyonyeshwa jana toka kulipopambazuka hadi leo jua lilipochomoza?	1. Ndiyo 2. Hapana 8. Sijui		pbf24hr
3.	Unatarajia kuendelea kumnyonyesha [<i>JINA</i>] hadi akiwa na umri gani?	|__|__| Miezi 88 Sijui 99. Anaehojiwa sio mama mzazi	Go to Q6 Go to Q6 Go to Q6	pbfintend
4.	Ni kwa miezi mingapi ulimnyonyesha [<i>JINA</i>]? KAMA NI CHINI YA MWEZI MMOJA, JAZA "00" MIEZI HALAFU JAZA IDADI YA SIKU	|__|__| Miezi |__|__| Siku 88. Sijui		pbfdur
5.	Ni sababu gani hasa ilisababisha uache kumnyonyesha [<i>JINA</i>]?	01. Maziwa hayatoki 02. Maziwa hayatoshi 03. Sina muda 04. Kazi nyingi 05. Mama anauywa/amedhoofu 06. Siwezi kula vya kutosha ili kuweza kunyonyesha 07. matizo ya chuchu/matiti 08. Mtoto anauywa/amedhoofu 09. Muda wa kulikiza/kuachisha 10. Nilipata ujauzito 99. Mengineyo (Taja.....)	SKIP IF CHILD IS STILL BF	pbfstp
6.	Ni katika umri gani, wewe au mwingine yeyote alianza kumpa [<i>JINA</i>] vyakula vingine tofauti na maziwa ya mama? KAMA NI CHINI YA MWEZI MMOJA, JAZA "00" MIEZI HALAFU JAZA IDADI YA SIKU	|__|__| Miezi |__|__| Siku 88. Sijui 99. Anayonya maziwa ya mama pekee.....	Go to Q13	psolid1
7.	Je [<i>JINA</i>] alikula chakula chochote kigumu, kilaini kidogo au kilaini kabisa kati ya jana kulipopambazuka na leo?	1. Ndiyo 2. Hapana	Go to Q12 Go to Q12	psolid2
8.	Ni mara ngapi [<i>JINA</i>] alikula chakula kigumu au kilaini kuanzia kulipopambazuka jana hadi leo? KAMA MAMA ATASEMA HAJUI DODOSA ZAIDI ILI KUSAIDIA MAMA KUKADIRIA NI MARA NGAPI.	|__|__| mara ngapi 88 sijui 99. Hakl chakula chochote kiguma wala laini toka jana	Go to Q12 Go to Q12	psolid3
9.	Je [<i>JINA</i>] alikumywa uji muda wowote kati ya jua kuchomoza jana na jua kuchomoza leo?	1. Ndiyo 2. Hapana	Go to Q12 Go to Q12	penrch1
10.	Je kulikua na kitu kingine kilichoongezwa kwenye uji/unga wakati unaandaliwa ama wakati [<i>JINA</i>] anapewa uji?	1. Ndiyo 2. Hapana	Go to Q12 Go to Q12	penrch2

a. Fill in the name of the child, the child’s study ID number and the mother’s name. If the mother is not present for the visit, you need to write the name of the person you are interviewing and their relationship to the child. Fill in the name of the facility. Tick the box next to the name of the visit for which you are filling the KAP questionnaire, and fill in the visit date. It is very important that you fill in this section completely and accurately so the survey can be traced back to the child and the correct visit. Note that if you are in a control facilities, you will *not* fill out a KAP questionnaire for a GM+/ufuatiliaji+ visit.

b. Ask the 20 questions exactly as worded on this questionnaire. Carefully follow the skip patterns indicated in the column labeled “skip,” as it is important to mark an answer for all relevant questions. Do *not* read the answer choices to the respondent. Let the respondent answer the question, and then you should circle the response that most closely matches the answer. There are words that are written in **bold italics** and all CAPITAL letters. These are instructions to you and should not be read to the respondent. You should mark only one answer for each question, unless instructions say to do otherwise. Make sure to write clearly and clearly circle the appropriate codes.

Data Collection Tools – Enumerator Tally Sheet-RCH HCW Workload

The information collected on this form will be used to calculate how the 6-month visit changes the workload of health care workers. You will need to fill out a row on this form for each clinic day. One sheet will be filled out per month.

Enumerator Tally Sheet - RCH HCW Workload

Research assistant ID No.: _____ Month: _____

Facility name: _____ Village: _____ Sub-village: _____

Date (DD/MM/YY)	Time <i>first</i> mother/child seen by HCW (HH:MM)	Time <i>last</i> mother/child exited the clinic (HH:MM)	[Review register to indicate:] Total number of patients seen today	Total number of HCW working in clinic today	Was today a typical day? If no, indicate why not
__/__/__	__:__:__	__:__:__			Y N
__/__/__	__:__:__	__:__:__			Y N
__/__/__	__:__:__	__:__:__			Y N
__/__/__	__:__:__	__:__:__			Y N
__/__/__	__:__:__	__:__:__			Y N
__/__/__	__:__:__	__:__:__			Y N
__/__/__	__:__:__	__:__:__			Y N
__/__/__	__:__:__	__:__:__			Y N
__/__/__	__:__:__	__:__:__			Y N
__/__/__	__:__:__	__:__:__			Y N
__/__/__	__:__:__	__:__:__			Y N
__/__/__	__:__:__	__:__:__			Y N
__/__/__	__:__:__	__:__:__			Y N
__/__/__	__:__:__	__:__:__			Y N
__/__/__	__:__:__	__:__:__			Y N
__/__/__	__:__:__	__:__:__			Y N
__/__/__	__:__:__	__:__:__			Y N
__/__/__	__:__:__	__:__:__			Y N
__/__/__	__:__:__	__:__:__			Y N
__/__/__	__:__:__	__:__:__			Y N
__/__/__	__:__:__	__:__:__			Y N
__/__/__	__:__:__	__:__:__			Y N
__/__/__	__:__:__	__:__:__			Y N
__/__/__	__:__:__	__:__:__			Y N

a. Fill in your ID number. Write the month the particular sheet is being used to document. Also, write the name of the facility and the village and sub-village in which it is located.

Each day you will:

- b. Fill in the date.
- c. Write the time when a health worker saw the *first* mother or child. Do *not* write the time when the first patient arrived, but rather the time when they actually started to receive clinic services.
- d. Write the time when the *last* mother or child exited the clinic for the day.
- e. When the clinic has stopped offering services, fill in the total number of patients seen that day in the RCH clinic. This information can be tabulated from the clinic register at the end of each day.
- f. Indicate the total number of RCH staff available to offer clinical services that day.
- g. Circle Y (yes) or N (no) to indicate if the day was a typical day. If the day was *not* typical, then briefly describe why not. For example, if a patient arrived at the clinic that day with a serious problem that required a lot of time from the staff, then you should indicate this

Data Collection Tools – Enumerator Tally Sheet-GMP Attendance

The information collected on this form will be used to estimate what percentages of children of different ages come to receive normal GMP clinic services each month. During the months of April and July, you will fill a column for each day of the month. You will need to complete 5-6 sheets per month. Each day, sit with the staff as they provide the growth monitoring services. For each child that is present at the clinic only for growth monitoring, record his/her date of birth.

a

Enumerator Tally Sheet - GMP Attendance			
Research assistant ID No.:		Month:	
Facility name:	Village:	Sub-village:	

Directions: For each day of the month, record the DOB of every child that comes in *only* for GMP

- a.** Fill in your ID number. Write the month the particular sheet is being used to document. Also, write the name of the facility and the village and sub-village in which it is located.

For each day of the month:

- b.** Fill in the date at the top of the column. Then, as patients go through GMP, write their dates of birth. Remember to only record the DOB for those children who are at the clinic only for GMP and not for any other services (i.e. to also receive care for an illness or a vaccine).

b

Date (DD/MM/YY):		Date (DD/MM/YY):		Date (DD/MM/YY):		Date (DD/MM/YY):		Date (DD/MM/YY):	
____/____/____		____/____/____		____/____/____		____/____/____		____/____/____	
Child No.	Date of Birth (DD/MM/YY)	Child No.	Date of Birth (DD/MM/YY)	Child No.	Date of Birth (DD/MM/YY)	Child No.	Date of Birth (DD/MM/YY)	Child No.	Date of Birth (DD/MM/YY)
1.	____/____/____	1.	____/____/____	1.	____/____/____	1.	____/____/____	1.	____/____/____
2.	____/____/____	2.	____/____/____	2.	____/____/____	2.	____/____/____	2.	____/____/____
3.	____/____/____	3.	____/____/____	3.	____/____/____	3.	____/____/____	3.	____/____/____
4.	____/____/____	4.	____/____/____	4.	____/____/____	4.	____/____/____	4.	____/____/____
5.	____/____/____	5.	____/____/____	5.	____/____/____	5.	____/____/____	5.	____/____/____
6.	____/____/____	6.	____/____/____	6.	____/____/____	6.	____/____/____	6.	____/____/____
7.	____/____/____	7.	____/____/____	7.	____/____/____	7.	____/____/____	7.	____/____/____
8.	____/____/____	8.	____/____/____	8.	____/____/____	8.	____/____/____	8.	____/____/____
9.	____/____/____	9.	____/____/____	9.	____/____/____	9.	____/____/____	9.	____/____/____
10.	____/____/____	10.	____/____/____	10.	____/____/____	10.	____/____/____	10.	____/____/____
11.	____/____/____	11.	____/____/____	11.	____/____/____	11.	____/____/____	11.	____/____/____
12.	____/____/____	12.	____/____/____	12.	____/____/____	12.	____/____/____	12.	____/____/____
13.	____/____/____	13.	____/____/____	13.	____/____/____	13.	____/____/____	13.	____/____/____
14.	____/____/____	14.	____/____/____	14.	____/____/____	14.	____/____/____	14.	____/____/____
15.	____/____/____	15.	____/____/____	15.	____/____/____	15.	____/____/____	15.	____/____/____
16.	____/____/____	16.	____/____/____	16.	____/____/____	16.	____/____/____	16.	____/____/____
17.	____/____/____	17.	____/____/____	17.	____/____/____	17.	____/____/____	17.	____/____/____
18.	____/____/____	18.	____/____/____	18.	____/____/____	18.	____/____/____	18.	____/____/____
19.	____/____/____	19.	____/____/____	19.	____/____/____	19.	____/____/____	19.	____/____/____
20.	____/____/____	20.	____/____/____	20.	____/____/____	20.	____/____/____	20.	____/____/____
21.	____/____/____	21.	____/____/____	21.	____/____/____	21.	____/____/____	21.	____/____/____
22.	____/____/____	22.	____/____/____	22.	____/____/____	22.	____/____/____	22.	____/____/____
23.	____/____/____	23.	____/____/____	23.	____/____/____	23.	____/____/____	23.	____/____/____
24.	____/____/____	24.	____/____/____	24.	____/____/____	24.	____/____/____	24.	____/____/____
25.	____/____/____	25.	____/____/____	25.	____/____/____	25.	____/____/____	25.	____/____/____
26.	____/____/____	26.	____/____/____	26.	____/____/____	26.	____/____/____	26.	____/____/____
27.	____/____/____	27.	____/____/____	27.	____/____/____	27.	____/____/____	27.	____/____/____
28.	____/____/____	28.	____/____/____	28.	____/____/____	28.	____/____/____	28.	____/____/____
29.	____/____/____	29.	____/____/____	29.	____/____/____	29.	____/____/____	29.	____/____/____
30.	____/____/____	30.	____/____/____	30.	____/____/____	30.	____/____/____	30.	____/____/____

Data Collection Tools – CHD-VAS Campaign Attendance

For both intervention and control facilities, we want to know generally about all children and at what age they attend the vitamin A campaign that will take place during the data collection period in June. This will include non-study children, as well as study children. For all study children, they cannot be discharged from the study until this information is collected. The Campaign Attendance form will help you to accomplish this task. Filling in the forms will require you to attend the campaign days and mark all children who come to receive VAS as well as their birthdates. The campaign days are likely to fall over a weekend. *In all facilities*, remind mothers/caretakers during the enrollment (3-month) visit to bring their child’s health card to the upcoming campaign. During the campaign, we will ask health workers to indicate receipt of VAS on each child’s health card. You may need to look back at this form when discharging children from the study (see [j] in description for Child Health Card Data Collection Tool) to ensure you have their data.

CHD-VAS Campaign Attendance						
Enumerator's name:		Date of campaign: ___/___/___ (fill new form for each day)				
Facility name:		Village:		Sub-village:		
<small>Directions: FILL IN THE INFORMATION BELOW FOR ALL CHILDREN ATTENDING THE CAMPAIGN WHETHER OR NOT THEY ARE ENROLLED IN THE STUDY. FILL IN A NEW FORM FOR EACH NEW DATE OF THE CAMPAIGN. During the campaign, after identifying each child that has received VAS (study or non-study child), check if they are participating in the study. If yes, fill in the information below next to the appropriate study identification number.</small>						
Child's Name	Is child enrolled in the study?	If in study, child's study identification number	Child's RCH registration number	Received VAS supplementation during campaign?	Date of birth of child (DD/MM/YY)	Date of VAS receipt written on child health card by health worker?
1	Y N	_____		Y N	___/___/___	Y N
2	Y N	_____		Y N	___/___/___	Y N
3	Y N	_____		Y N	___/___/___	Y N
4	Y N	_____		Y N	___/___/___	Y N
5	Y N	_____		Y N	___/___/___	Y N
6	Y N	_____		Y N	___/___/___	Y N
7	Y N	_____		Y N	___/___/___	Y N
8	Y N	_____		Y N	___/___/___	Y N
9	Y N	_____		Y N	___/___/___	Y N
10	Y N	_____		Y N	___/___/___	Y N
11	Y N	_____		Y N	___/___/___	Y N
12	Y N	_____		Y N	___/___/___	Y N
13	Y N	_____		Y N	___/___/___	Y N
14	Y N	_____		Y N	___/___/___	Y N
15	Y N	_____		Y N	___/___/___	Y N
16	Y N	_____		Y N	___/___/___	Y N
17	Y N	_____		Y N	___/___/___	Y N
18	Y N	_____		Y N	___/___/___	Y N
19	Y N	_____		Y N	___/___/___	Y N
20	Y N	_____		Y N	___/___/___	Y N
21	Y N	_____		Y N	___/___/___	Y N
22	Y N	_____		Y N	___/___/___	Y N
23	Y N	_____		Y N	___/___/___	Y N
24	Y N	_____		Y N	___/___/___	Y N
25	Y N	_____		Y N	___/___/___	Y N
26	Y N	_____		Y N	___/___/___	Y N
27	Y N	_____		Y N	___/___/___	Y N
28	Y N	_____		Y N	___/___/___	Y N
29	Y N	_____		Y N	___/___/___	Y N
30	Y N	_____		Y N	___/___/___	Y N
31	Y N	_____		Y N	___/___/___	Y N
32	Y N	_____		Y N	___/___/___	Y N
33	Y N	_____		Y N	___/___/___	Y N
34	Y N	_____		Y N	___/___/___	Y N
35	Y N	_____		Y N	___/___/___	Y N
36	Y N	_____		Y N	___/___/___	Y N

- a. Fill in your ID number. Write in the dates of the dates of the campaign for your facility. Fill in the name of the facility and the village and sub-village in which it is located. You should complete one set of forms for EACH day of the campaign. Additional blank sheets are provided if more than 36 children attend on any individual day.
- b. During the campaign, fill in the name of each child who attends the VAS campaign. Identify if the child is enrolled in the study by circle Y (yes) or N (no). If yes, fill in their study ID number.
- c. Include the RCH registration numbers that correspond to the study identification number for children who are enrolled in the study, you can leave this blank for all other children.
- d. During the campaign, if a child receives VAS circle Y (yes) to indicate receipt. Some children may attend but not receive VAS for one reason or another.
- e. Fill in the date of birth of the child who attended the campaign.
- f. Circle Y (yes) or N (no) to indicate if a health worker wrote the date of VAS receipt on the child’s health card.

Page 1

Data Collection Tools – Health Worker Exit Interview

The “Health Worker Exit Interview” will help with the assessment of the feasibility of introducing a 6-month contact point. This interview only needs to be completed with staff members from intervention facilities. The forms will be distributed to you during the end of the data collection period, when most children have been discharged from your facility. Once these forms have been distributed to you, please sit down with individual health workers that provide services for the RCH clinic. Ask them the 11 questions on this form and fill in their responses. Do *not* give these forms to staff to fill out themselves. Please conduct interviews with as many health workers involved with the RCH clinic as possible.

Dodoso la mtoa huduma ya afya [Health Worker Exit Interview]

a Tarehe: |_|_|/|_|_|/|_|_|_|_|
 Jina la kituo: _____
 Cheo/Ngazi ya mfanyakazi: Clinical officer Nurse midwife
 Nurse officer Nurse assistant
 Enrolled nurse
 Other (specify.....)
 Umri: |_|_|
 Jinsia: Me Ke

b 1. Ni kwa mda gani umekua unafanya kazi katika kituo hiki? |_|_| Miaka Miezi Suku

c 2. Je unafaham chochote kuhusu utafiti wa vitamin A ktk miezi sita unaofanyika katika kituo hiki? Ndio Hapana (*Kama hapana, mahojiano yatahika hapa*)

d 3. Ulishiriki kwa namna gani katika huu utafiti? _____

e 4. Je utafiti huu uliathiri kazi zako za kila siku? Ndio Hapana

4b. Kama ndio, uliathiri vipi kazi zako za kila siku? _____

5. Je uliona mabadiliko yoyote kwenye mahudhuro ya kila mwezi ya watoto chini ya miaka mitano? Ndio Hapana

5b. Kama ndio, ni mabadiliko ya namna gani? _____

6. Je, uliona mabadiliko yoyote katika mda uliotumika kuhudumia watoto? Ndio Hapana

6b. Kama ndio, yaikua mabadiliko gani? _____

7. Ni kitu gani ulikipenda/ au kukuvutia sana katika huu utafiti? _____

8. Ni kit gani ambah hukupenda kuusiaa na utafiti huu? _____

9. Je, utapendekeza shughuli kama hizi zifanyike pia katika vituo vingine? Ndio Hapana

9b. Kama hapana, kwa nini? _____

9c. Kama ndio, ni kwanini utapendekeza ifanye katika vituo vingine? _____

10. Endapo hudhuro kama hili katika umri wa miezi sita utaweke katika mpango wa taifa kama moja huduma kwa watoto walio na umri chini ya miaka mitano; utakua na mapendekezo gani kutokana na uzoefu wako katika utafiti huu? _____

11. Je, una mapendekezo ya ziada kuhusiana na utafiti huu? _____

f Andika maelezo yoyote ya ziada kuhusiana na usali huu katika sehemu hii; au endapo unahitaji sehemu ya ziada ya kuandika majibu ya msailiwa kuhusiana na maswali hapo juu (lakin i hakikiza unaonyesha namba ya swali linalojibiwa hapa):

- Fill in the date the interview is being conducted. Write the name of the facility. Tick the box next to title that best describes the person to whom you are talking. If none of the titles describe the individual’s job within the RCH clinic, then you may tick the box next to other and write in their title. Fill in the individual’s age and sex.
- Fill in the number of years, months, or days the individual has been working in the facility. Write in the number and tick one of the boxes to indicate if it is years, months, or days.
- Tick the appropriate box to indicate if the individual is aware of the study. If you tick “hapana”, then you should end the interview, but do *not* discard the interview.
- Write in how the individual was involved in the study. For example, he/she may have been responsible for giving VAS at 6 months, or providing IYCF counseling, or both. Or, for example, he/she may have been responsible for training staff on any one of the intervention services. Please be as descriptive as possible.
- Complete the remaining questions (4-11). Some require you to write a response. Write only what the individual says, but write the response as completely as possible. If a question that should have an answer is left blank, write why it is left blank (for example, respondent refuses to answer).
- Use this space if the respondent’s answers are longer than the space provided. If you need to use this space, write in the question number. Also, you may use this space to make any notes you have for the interview.

Monitoring Tools – General Notes

The monitoring tools for this study are meant to ensure proper data collection and good data quality. You will be responsible for completing only one of the monitoring tools, the “Data Hand-Over Tracking” form, which is described on the next page.

The other monitoring tools are also described in the following pages, with instructions meant for the study coordinator (SC). It is, however, useful for you to understand these tools because you will be important in helping the SC to conduct the activities required to complete these. Read through the descriptions that follow, but remember that you will only be responsible for the “Data Hand-Over tracking” form.

Monitoring Tools – Data Hand-Over Tracking

This form will help you to keep track of forms that have been handed over to the study coordinator and have left your facility. Each time a KAP survey has been handed over to the study coordinator (SC) he/she will write the date of receipt and provide a signature. Once the SC has provided a signature he/she becomes responsible for ensuring the form is not lost and is kept confidential. At the end of the data collection period, you will hand over both Books 1 and 3 to the SC. When this happens, he/she should write the date of receipt and provide a signature for the “child study form column”. All forms are likely to be handed over at one time, and only one signature and date needs to be provided. If individual study forms are handed over separately, then a signature and date needs to be provided for each one.

a

Data Hand-Over Tracking [Facility No. 1]			
Research assistant's name:	_____	Date first child enrolled:	___/___/___
Facility name:	_____	Village:	_____
		Sub-village:	_____

Directions: The study coordinator (SC) will perform monitoring visits to your facility on a regular basis. Each time he/she visits, you should hand over all completed KAP questionnaires. Have the SC sign in the appropriate spaces provided to indicated they have recieved the questionnaires.

b

Child's Study ID No.	DPT3 - KAP Received by SC	Date	GM+ KAP Received by SC	Date	Measles - KAP Received by SC	Date	Child Study Form	Date
101								
102								
103								
104								
105								
106								
107								
108								
109								
110								
111								
112								
113								
114								
115								
116								
117								
118								
119								
120								
121								
122								
123								
124								
125								
126								
127								
128								

- a. Fill in your ID number. Write the date the first child was enrolled in *your* facility. Write the name of the facility and the village and sub-village in which it is located.
- b. When you complete a KAP questionnaire for a child, you will place it in the clear plastic folder for completed questionnaires. When the SC performs his/her monitoring/data collection visit, the questionnaires in this folder will be handed over. The SC should then sign and date in the row and column that corresponds to the forms being collected. Note that for control facilities there is no “6 months GM+ KAP” column because this data is not collected for children in the control facilities.
- c. The Study Coordinator will be responsible for tracking the movement of Book 2 – the Transcribed/Copied Data from Book 1.

Monitoring Tools – Study Data Entry Tracking

The study coordinator will use this form to keep track of what data has been collected, and then entered. The first half of the form is the same as the corresponding facility's "study enrollment register". Each time the study coordinator collects data, either the KAP questionnaires or from the "child health card data collection" forms he/she should write the date of collection. Once that data is entered into the data entry field, the box next to the date should be ticked. By comparing this form to the "study enrollment register" (refer to [g] in the description of the study enrollment register), the SC can double-check what data was collected since his/her last visit at the facility (i.e. if a child has attended a study visit [indicated by a tick in the box on the "study enrollment register"] for which data has not been collected [would be indicated by *no* tick in the corresponding boxes on this form], then the SC knows data should be available for collection). These instructions are for the SC to follow:

a

Study Data Entry Tracking [Facility No. 1]			
Research assistant ID No.:	Facility name:	Date first child enrolled: ____/____/____	
Village: _____		Sub-village: _____	

b

c

d

e

f

g

Form No.	Study ID No.	Child's Name	RCH Registration No.	Mother's Name	Data collected from facility (write date on which collected and check box once data entry has occurred):						
					DPT3	DTP3-KAP	GM+	GM+ KAP	Measles	Measles-KAP	Study Exit
1.	101				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	102				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	103				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	104				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	105				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	106				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	107				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	108				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	109				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	110				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	111				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	112				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	113				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	114				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	115				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	116				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	117				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	118				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	119				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	120				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- a.** Write the ID number for the research assistant at the facility, as well as the facility name and village and sub-village in which it is located. The date the first child was enrolled at that particular facility should be written as well.
- b.** As on the "study enrollment register" the "form no." corresponds to the page number given to that particular child's "child health card data collection form". Use this number to more easily find the child's form in Books 1 and 2.
- c.** The "study ID no." is the unique number given to each child in the study. When a child is enrolled, this number should be written in the information panel of the "child health card data collection form".
- d.** Fill in the child's name.
- e.** "RCH registration no." is the number the facility assigns to each child. This number should be written on the child's health card and the clinic register
- f.** Fill in the mother's name.
- g.** Each time data is collected for a child listed on this form, write in the date of collection in the corresponding column. For example, if child "116" has attended the GM+ visit, then you need to collect the data in the GM+ column of the "child health card data collection form" and the GM+KAP. Then once the collected data has been entered into the data entry field, tick the appropriate box.

Monitoring Tools – Data Quality Monitoring

This form is meant to help the study coordinator monitor and document data quality issues. He/she should use this form when collecting data from each facility. Before signing that he/she has received a KAP questionnaire from the research assistant, the SC needs to review the form for mistakes or missing data. Any issues should be recorded using this form, and then resolved, if possible, *before* removing the forms from the facility. Similarly, the SC should record any mistakes or missing data from the “child health card data collection forms” encountered when copying the data into Book 2. The other forms, GMP Attendance, HCW Workload, CHD-VAS Attendance and Health Worker Exit Interview also need to be reviewed. This form should also be used to document any mistakes or missing data. These instructions are for the SC to follow:

a

Data Quality Monitoring [Facility No. 1]				
Research assistant ID No.:	_____	Facility name:	_____	Date first child enrolled: ___/___/___
	Village: _____		Sub-village: _____	
Child's Study ID No. <small>(if not relevant to the issue record N/A)</small>	Name of Form	Item	Issue	Decision

- a.** Write the ID number for the research assistant at the facility, as well as the facility name and village and sub-village in which it is located. The date the first child was enrolled at that particular facility should be written as well.
- b.** If relevant, write the child study number for the form to which you are referring (e.g. “601”).
- c.** Fill in the name of the form to which you are referring (e.g. “child health card data collection form” or “KAP Questionnaire”).
- d.** Indicate the form item to which you are referring (e.g. “GM+ date of visit” or “No. 11”).
- e.** Describe the issue with that item (e.g. “date missing” or “only circled 1s and not 2s for foods not mentioned by mother”).
- f.** Describe how the issue may be resolved (e.g. “returned to RA to be cross-checked with clinic register ” or “returned to RA to be completed correctly) or if the issue cannot be resolved, indicate as such (e.g. “no response, will remain as missing data).

Monitoring Tools – Quality Control Checklist

One “Quality Control Checklist” needs to be completed by the study coordinator each time he/she conducts a monitoring visit. This checklist is meant to help remind the SC of all the monitoring activities that need to be conducted each time. These instructions are for the SC to follow:

At least one interview needs to be observed per facility visit. For each interview:

- a. Write the research assistant’s ID number, the facility’s name, and the name of the child for whom data is being collected.
- b. Write the time when the research assistant first sits down with the mother/child to begin collecting data.
- c. As you observe the interaction between the research assistant the mother/child, take note of a-g. If you have any comments, write them in the space provide to the right of this section.
- d. Write the time when the research assistant ends the data collection.

For each monitoring visit you will also need to:

- e. Check all completed KAP questionnaires for mistakes or missing data. If there are any issues, record them in a “data quality monitoring” form and resolve them before removing the questionnaires from the facility.
- f. Copy all newly collected child health card data into Book 2. If there are any issues, record them in a “data quality monitoring” form and resolve them before leaving the facility.
- g. If there are any issues requiring follow-up indicate them here. For example, if the research assistant is having trouble filling out a section on one particular form, indicate it here so you know to closely monitor if the issue remains when you return for your next visit.
- h. If you have any comments about the visit, indicate them here.
- i. Have the research assistant sign here when you complete the visit. You also need to sign. These signatures confirm that you conducted the visit and all of the information you provided is accurate.

Quality Control Checklist				
a	Research assistant ID No.:	_____		
	Facility's name:	_____		
	Child's name:	_____		
b	Time started:	___:___	___:___	
c		Yes	No	Comments
	a. Interviewer introduces her/himself	<input type="checkbox"/>	<input type="checkbox"/>	
	b. Interviewer obtains/has obtained consent	<input type="checkbox"/>	<input type="checkbox"/>	
	c. Asks questions as written on the questionnaire	<input type="checkbox"/>	<input type="checkbox"/>	
	d. Interviewer probes where necessary	<input type="checkbox"/>	<input type="checkbox"/>	
	e. Fills data collection form correctly	<input type="checkbox"/>	<input type="checkbox"/>	
	f. Interviewer writes clearly	<input type="checkbox"/>	<input type="checkbox"/>	
	g. Interviewer is polite and respectful	<input type="checkbox"/>	<input type="checkbox"/>	
d	Time ended:	___:___	___:___	
e	Collect all KAP surveys completed since your last visit -	Are the surveys completed correctly? <input type="checkbox"/> Yes <input type="checkbox"/> No		
f	Copy all new child health data (eg. DPT 3, GM+, Measles) collected since your last visit -	Has data been clearly recorded? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Has the data been filled in completely? <input type="checkbox"/> Yes <input type="checkbox"/> No		
g	Indicate any issues requiring follow-up:	<p>***If there are any issues with data collection, record the specific problems on the "Data Quality" form. If the issue can be resolved, discuss with the research assistant and have him/her fix the problem before collecting the data.</p>		
h	General comments:	_____		
i	Research assistant's signature:	_____		
	Study coordinator's signature:	_____		