



WORLD HEALTH ORGANIZATION  
ORGANISATION MONDIALE DE LA SANTE  
DIARRHOEAL DISEASES CONTROL PROGRAMME

8252  
CDD/SER/86.3 Rev. 1 (1988)

Distr.: LIMITED

ORIGINAL: ENGLISH



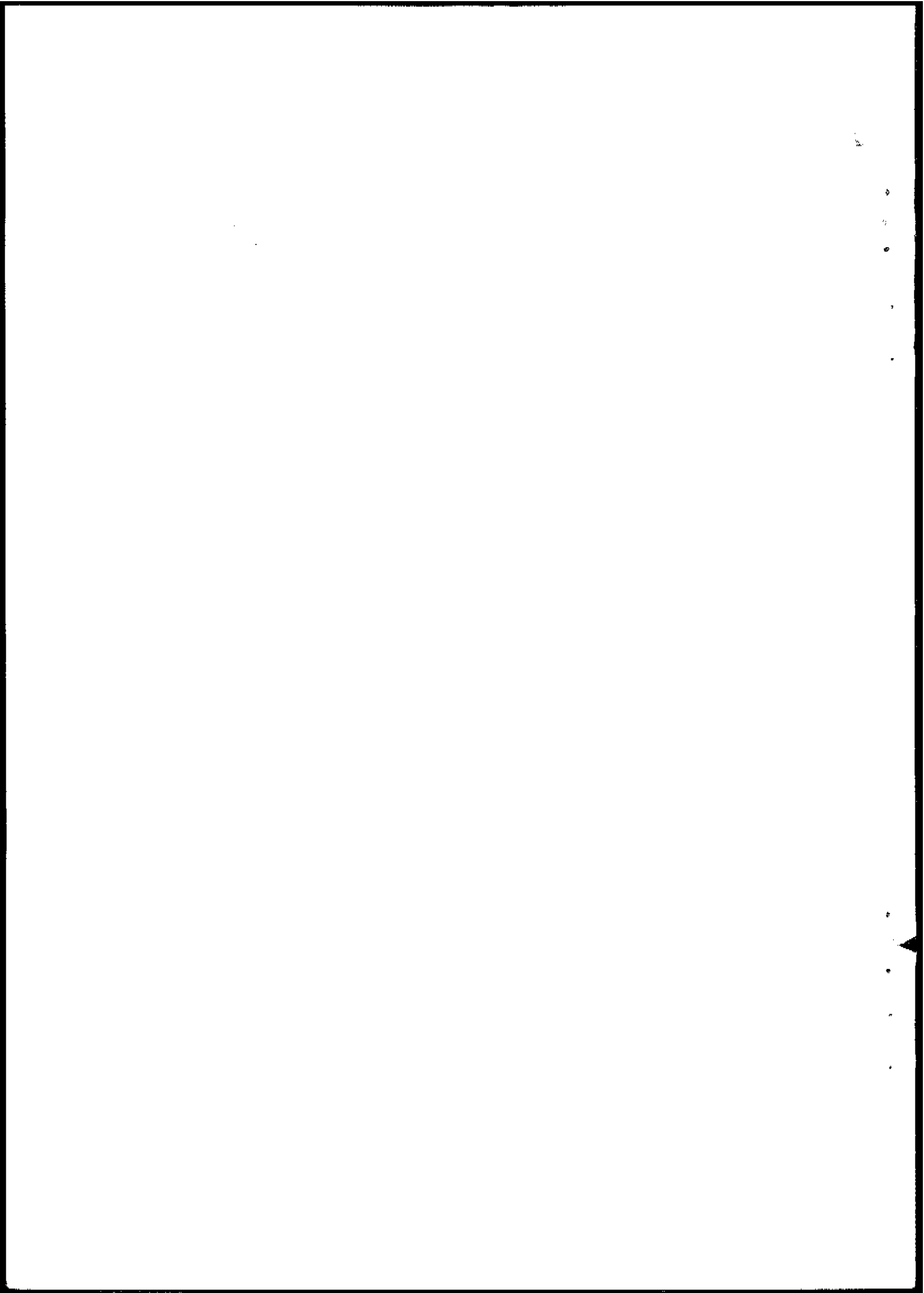
GUIDELINES FOR CONDUCTING A  
COMPREHENSIVE REVIEW OF A  
DIARRHOEAL DISEASE CONTROL PROGRAMME,  
INCLUDING  
EXAMPLES OF DATA COLLECTION FORMS

This document is not issued to the general public, and all rights are reserved by the World Health Organization (WHO). The document may not be reviewed, abstracted, quoted, reproduced or translated, in part or in whole, without the prior written permission of WHO. No part of this document may be stored in a retrieval system or transmitted in any form or by any means - electronic, mechanical or other without the prior written permission of WHO.

The views expressed in documents by named authors are solely the responsibility of those authors.

Ce document n'est pas destiné à être distribué au grand public et tous les droits y afférents sont réservés par l'Organisation mondiale de la Santé (OMS). Il ne peut être commenté, résumé, cité, reproduit ou traduit, partiellement ou en totalité, sans une autorisation préalable écrite de l'OMS. Aucune partie ne doit être chargée dans un système de recherche documentaire ou diffusée sous quelque forme ou par quelque moyen que ce soit - électronique, mécanique, ou autre - sans une autorisation préalable écrite de l'OMS.

Les opinions exprimées dans les documents par des auteurs cités nommément n'engagent que lesdits auteurs.



## 1. Introduction

This document provides guidelines for the conduct of a comprehensive review of a national CDD programme. It briefly summarizes the steps involved in setting up such a review; however, its main purpose is to present a set of forms which can be used, with some modification, to record information collected during the review. Some guidance is also given on the compilation of this information and on the format for a final report of the review.

## 2. Planning a comprehensive programme review (CPR)

In general, it is expected that a CPR would be conducted when a CDD programme has been operational for 2 years.

Up to the present, CPRs have usually been joint efforts involving the government and one or more external agencies. Following a government decision to undertake a CPR it will be necessary to decide which agencies will be invited to participate and to involve them in subsequent planning.

Experience to date has shown that it is preferable to limit the number of individuals participating in a CPR. Reviews with more than 4-6 external participants (and an equal number of government counterparts) have often proven difficult to coordinate. Other persons who have valuable contributions to make to the review can be involved as resource persons during scheduled group sessions and individual interviews.

The main activities in planning of a CPR are listed below with some of the more important steps involved.

- a. Decision to undertake CPR:
  - obtain official government approval.
  - involve other agencies, as appropriate.
- b. Initial planning meeting:
  - decide on general terms of reference and geographic area of the review.
  - fix dates for preparatory activities and conduct of the review.
- c. Preparation of detailed review schedule:
  - dates for national level meetings/interviews (3-5 days).
  - dates for field visits (10-14 days).
  - dates for discussion of findings and preparation of report (3-5 days).
- d. Preparation of data collection forms:
  - review and modify WHO or other forms (see section 3).
  - field test and further modify, as necessary.
  - type and duplicate in adequate numbers.
- e. Recruitment of international team members:
  - coordinate with relevant agencies.
  - ensure visas obtained.
  - obtain clearance for in-country travel.
  - ensure in-country transport and accommodation arrangements.
- f. Recruitment of national team members:
  - select personnel, including those from other sectors as appropriate.
  - obtain release from duty.
  - ensure per diem, transport and accommodation arrangements.

- g. Identification of resource persons:
  - at national level, identify, inform and determine availability of persons specialized in various areas under review.
  - schedule group meetings and individual interviews.
  - at regional level, identify coordinators for field activities.
- h. Accumulation of existing data and reference documents:
  - make available, by the time of the review, programme planning documents, results of previous assessments, relevant disease surveillance data, and reports of surveys and special studies.
- i. Preparation of national level meetings:
  - arrange venue for opening, closing, group work and plenary sessions.
- j. Allocation of international and national members to review teams:
  - this cannot be done until participation of the individuals is confirmed, but it is useful to settle this before the review starts.

Where exact details of in-country travel of review teams (particularly international team members) are required in advance by the government, it may be necessary to make a selection of the precise areas of the country to be visited at an early stage of planning. In other situations this selection can await the start of the actual review.

Even in situations where it is necessary for logistic or other reasons to select in advance the main administrative regions to be visited during the review, it is desirable to select the sub-regions and individual health facilities, by a random process, at the time of the review.

### 3. Preparation of data collection forms

#### a. Forms for use throughout the health system

A set of forms has been designed for various levels which might be covered during the review. The national level forms are for collection of data at the central administrative level. Forms labelled region/district are for collection of information at one or more lower administrative levels. Forms labelled health facility are for use at hospitals and all other health facilities. A form for use in interviewing a community health worker, where such workers exist, is also included. (These forms are presented in Annex 1, sections A-D).

For each level forms are provided, as appropriate, to collect data on the following components of the CDD programme: planning, administration, programme strategies, training, supervision, health education and communications, logistics, information and evaluation, research and laboratories. In an individual country forms not considered relevant may be deleted. To facilitate this, each section starts on a new page. The remaining forms can then be modified to suit the country, new forms added as necessary and all sections re-numbered.

#### b. Household level data collection forms

In the past, attempts have been made in some countries to conduct diarrhoea morbidity, mortality and treatment surveys, using the WHO CDD cluster sample methodology, during comprehensive programme reviews. These have often yielded poor results. Both the surveys and the review require careful planning and implementation and it is difficult to conduct both activities well, simultaneously. It is, therefore, not considered advisable to undertake such surveys during a CPR.

Nevertheless, it is important that review team members make contact with community members in households and discuss with them diarrhoea and its treatment. A standardized protocol for such interviews should be used. This should be aimed at collection of qualitative information rather than at statistically precise estimates of rates. A small sample size can be used and the numerical data gathered used simply to support the impressions gained by the review team members.

Annex 1, section E contains a list of topic areas and a number of examples of questions from which 5 or 10 may be selected, adapted and supplemented to construct a data collection form for use at household level. The questions selected should reflect programme emphases.

#### c. Optional data collection forms

Annex 1, sections F and G, contain forms for collection of data from private pharmacies/drug sellers and private practitioners/healers. These may be used if it is considered appropriate and if the collected data is considered likely to be sufficiently accurate. Evidence to date suggests that pharmacists/drug sellers are generally willing to talk openly about their treatment of diarrhoea cases. They are an important source of information on the extent and cost of the treatment of diarrhoea with oral rehydration solutions, "antidiarrhoeal" drugs and antimicrobials.

#### 4. Use of data collection forms

As mentioned above, the data collection forms used should be especially adapted for the country programme under review. Care should be taken to eliminate irrelevant forms.

It is important that review team members appreciate that the data collection forms should not restrict their enquiries and that completion of the forms is not, in itself, the objective of the review.

An important section of each set of data collection forms is that in which achievements, problems and ideas for discussion as recommendations are recorded. This is generally the last page, however, ample time should be left for discussion of these matters with the interviewees.

The following are some additional notes on enquiry beyond the data collection forms for various components of a programme.

##### a. CDD Planning and Administration

The terms of reference of the CPR should include evaluation of progress towards programme targets. It is important to assess whether programme activities are planned in relation to the targets and whether the targets are realistic.

##### b. Programme strategies

The time and effort devoted to strategies other than improved diarrhoea case management will vary greatly from country to country. In any event, it is not intended that a full review of, for example, all water supply and sanitation activities in the country be undertaken. The evaluation should focus on the contribution of the CDD programme to such activities and the activities of peripheral health workers in their promotion.

c. Training

In assessing training activities, quality should be considered as well as numbers of persons trained. In particular, the time made available for personal experience in treating diarrhoea cases with ORT during case management training is important to evaluate.

If there are Diarrhoea Training Units (DTUs) in the country, one or more should be visited and evaluated in some detail. Such items as physical layout, equipment, and staffing should be considered and a typical training schedule reviewed. The DTU Director's Guide should serve as a reference for evaluating such a unit.

d. Supervision

The relevant sections of the data collection forms in Annex 1 focus on the frequency of supervisory visits and whether or not checklists are used.

Other questions which may be explored include: What is the content of the checklist? Are supervisory reports written? What do they say? Are supervisory schedules used? What are the most common problems identified? Is there follow-up?

e. ORS/ORT access and use

In considering ORS/ORT access and use it is important to define clearly the indicators being used. Diarrhoea episodes during a recent short period (e.g. 2 weeks) is the preferred denominator for ORS/ORT use rates but this information is not always available. For example, different studies proposing ORT use rates may have used as their denominator:

- number of children under 5 years with diarrhoea in the past 2 weeks (or some other time period), or
- "last" episodes of diarrhoea.

Alternatively, ORT use may simply have been quantified in terms of households (or mothers) who "use" or have "ever used" ORT.

f. ORS production

If there is an ORS production plant run by the government or supplying most government needs, it should be visited. Particular attention should be paid to quality control procedures. Costs of production should be investigated, stating the nature and magnitude of external aid or government subsidy. Comparisons of cost of supply of ORS to the government with commercial sector prices may be of interest.

5. Conduct of the review

The conduct of the CPR will vary considerably from country to country depending on the nature of the CDD programme, the geographic area to be covered, the levels of the health services to be evaluated and the size and composition of the review teams. Outlined below are some of the features of approaches which have proven successful to date.

- a. It is advisable to have one person nominated as responsible for overall coordination of the review and another as rapporteur.

- b. As much as possible all work should be accomplished in teams comprised of both national and international members.
- c. At national level each team may be assigned to collect information on one or more of the main programme components under review. This process will be facilitated by:
  - relevant data being readily available;
  - interviews with resource persons being scheduled; and
  - opportunity for interaction between the teams to avoid duplication of effort.

Each team should briefly present their findings to the whole review group before the individual teams leave for field visits. They should draw attention to issues which require particular attention during the field visits. It is preferable for each team to submit a written draft of the national level findings to the rapporteur for editing/typing before it leaves for field visits.

- d. During field visits one team will probably visit one or two administrative regions and conduct interviews at all levels. As much as is possible the whole field team should work together in these activities.
- e. On return from the field visits, relevant sections of each team's interviews at each level can be redistributed so that one team compiles data on one programme component for all levels. This is preferable to each team summarizing its findings by level. Findings specific to one level of the health service can, nevertheless, be highlighted.
- f. The need for individual reports for each of the major administrative regions will vary from country to country. In some instances these will need to be written, including problems and recommendations, and may be presented at regional level. In other countries regional findings may be appended to the national report. In general, it will be preferable to incorporate regional findings into one overall report drawing attention to regional differences as appropriate.

#### 6. Compilation of data

As mentioned above it is preferable to compile collected data by programme component rather than by health service level or geographic area. In this way, one team can analyse, for example, ORS supply and distribution at all levels relating the problems found at each level in an overall analysis.

Quantified data made available to the review may be included, if judged as accurate, with appropriate reference to the source. Quantified data collected during the review should be used to substantiate impressions and conclusions drawn by the review team. In most cases, however, the samples of administrative offices, health facilities, health workers and population interviewed will not be statistically representative and should not be presented as such.

As much as possible, reference should be made to programme targets and data expressed in terms of standard indicators. This will allow comparability with subsequent programme reviews.

## 7. Preparation of the final report

There are several possibilities for the structure of the final report. One structure, found by experience to be practical and functional, is outlined below. It contains the following main sections.

a. **Executive summary:** A very brief summary of the purpose and methodology of the review (1-3 paragraphs), followed by main achievements and problems identified and the most important (5 to 10) recommendations. This should be finalized and agreed upon by the review team (including the precise wording of the recommendations) and presented to an appropriate Ministry of Health official before the end of the review.

b. **Detailed descriptions of each programme component (see section 3a.):** Subheadings should be used, if necessary, to organize the report and make data accessible. For each programme component the last subsection should describe "Field visit findings" unless that are incorporated into the descriptive text. This ensures better continuity of the report than if all field visit findings are grouped in one section of the report.

This section of the report should not be interrupted by numerous tables of data which can be accommodated in annexes.

c. **Achievements:** The main positive findings of the review can be conveniently grouped together, divided if necessary by subheadings for programme components.

d. **Problems and recommendations:** These should be concisely stated and preferably set out in 2 columns. They may be included as a separate section of the report or listed at the end of findings for each programme component. If the latter option is chosen, it is useful also to include a complete list of problems and recommendations as an annex.

There may be more than one recommendation for each problem and vice versa. Recommendations should generally be restricted to matters which directly affect CDD activities and not general issues of, for example, health policy. They should be specific and feasible.

e. **Plan of immediate action:** In general, programme reviews will need to be followed by a complete replanning (plan revision) exercise. It is not usually feasible to do this at the time of the review. However, if it is anticipated that finalization and obtaining government clearance of the review report and revising and implementing the plan may take some months, it may be useful to outline a plan for immediate action including specific activities, responsible bodies, possible funding sources and target dates (see section 8).

f. **Annexes:** These may include key programme documents (if relatively brief), large tables related to the text of the report, detailed reports on certain activities undertaken during the review and details of the review membership, schedule and field itinerary.

## 8. Follow-up of the CPR

As stated above, each comprehensive programme review should be followed by a revision of the plan of action of the programme. This should take into account specific recommendations of the review.

Certain problems identified during the review will need to be solved through appropriate problem-solving exercises. This will require careful definition of the problem, identification of the individuals or bodies most likely to be able to assist in solving the problem, development of procedures or simple protocols and provision of the necessary funds. This should be undertaken as soon as possible after the review and followed through until appropriate solutions are identified and implemented.

SECTION A: NATIONAL

SECTION B: REGION/DISTRICT

SECTION C: HEALTH FACILITY

SECTION D: COMMUNITY HEALTH WORKER (CHW)

SECTION E: HOUSEHOLD

SECTION F: PRIVATE PHARMACISTS/DRUG SELLERS

SECTION G: PRIVATE MEDICAL PRACTITIONERS/HEALERS

COMPREHENSIVE PROGRAMME REVIEW

A. NATIONAL

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

1. BACKGROUND\*

1.1 General Briefly describe:

Geographic features (attach a map)

Climate and rainfall

Ethnic and religious groups

Economic development

Income and standard of living

Education

Political/administrative regions (attach a map or diagram)

\*This information can often be conveniently obtained from another document or report and simply updated, if necessary, and attached.



A. NATIONAL

1. BACKGROUND (continued)

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

1.3 Vital statistics

	<u>Crude birth rate<sup>1</sup></u>	<u>Crude death rate<sup>1</sup></u>	<u>Infant mortality rate<sup>2</sup></u>	<u>Childhood mortality rate<sup>3</sup></u>
19 ____				
19 ____				
19 ____				
19 ____				
19 ____				

<sup>1</sup>Number per 1,000 population per year.

<sup>2</sup>Number of deaths 0-11 months of age per 1,000 live births per year.

<sup>3</sup>State precise definition used, in a footnote.

A. NATIONAL

1. BACKGROUND (continued)

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

1.3 Vital statistics (continued) - Major causes of death in children

List the five main causes of death for the age groups shown in 19\_\_.

Infancy (0-11 months)		Childhood (1-4 years)	
Cause	Reported number	Cause	Reported number
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	

Comments:

A. NATIONAL

1. BACKGROUND (continued)

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

1.4 Health system

Draw a diagram of the organizational structure of the Ministry of Health and describe the relationship of the CDD programme to other units.

A. NATIONAL

1. BACKGROUND (continued)

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

1.4 Health system (continued)

Budget.

	Ministry of Health			CDD Programme	
	Amount <sup>1</sup>	Percent <sup>2</sup>	Per capita <sup>3</sup>	Amount <sup>1</sup>	Percent <sup>4</sup>
Last year FY <u>19</u>					
Current year FY <u>19</u>					
Next year FY <u>19</u>					

<sup>1</sup>Local currency. State US\$ current official exchange rate as a footnote.

<sup>2</sup>Percent of total government budget.

<sup>3</sup>Amount divided by total population.

<sup>4</sup>Percent of Ministry of Health budget.

A. NATIONAL

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

1. BACKGROUND (continued)

1.4 Health system (continued)

List and briefly describe the major non-governmental health services and programmes (private, voluntary, etc.).

A. NATIONAL

1. BACKGROUND (continued)

Completed (date): \_\_\_\_\_

1.4 Health system (continued)

By (team/person): \_\_\_\_\_

Health facilities 19 \_\_\_\_ .

Region	Hospital		Health Centre		Other <sup>1</sup>	
	Number <sup>2</sup>	Ratio <sup>3</sup>	Number	Ratio <sup>3</sup>	Number	Ratio <sup>3</sup>
Total						

<sup>1</sup>Specify type of facility.

<sup>2</sup>Give both number of hospitals and number of hospital beds.

<sup>3</sup>Number of people per health facility =  $\frac{\text{Population}}{\text{Number of health facilities (or hospital beds)}}$   
(or per hospital bed)



A. NATIONAL

1. BACKGROUND (continued)

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

Major achievements

Problems

Recommendations

A. NATIONAL

2. CDD PROGRAMME PLANNING

Completed (date): \_\_\_\_\_

2.1 Plan of operation

By (team/person): \_\_\_\_\_

Date written: \_\_\_\_\_

Date adopted: \_\_\_\_\_

Date revised: \_\_\_\_\_

Attach a copy of the plan, if available.

Objectives/targets/subtargets:

Morbidity reduction

Mortality reduction

Access to ORT and/or ORS

Use of ORT and/or ORS

Other\*

\*Use of home fluids, breast-feeding, weaning, foods, safe water, latrines, handwashing, food hygiene, measles vaccine, etc.

A. NATIONAL

2. CDD PROGRAMME PLANNING (continued)

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

2.2 Schedule of activities

Attach or summarize below CDD work plans for the current year and next year showing activities to be conducted each month or quarter.

A. NATIONAL

2. CDD PROGRAMME PLANNING (continued)

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

<p>Major achievements</p>	
<p>Problems</p>	<p>Recommendations</p>

A. NATIONAL

3. CDD PROGRAMME ADMINISTRATION

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

3.1 Organization

Draw a diagram of the organizational structure of the CDD programme and describe the relationships of the national, regional and district levels of the programme. (Omit if already covered by 1.4.)

A. NATIONAL

3. CDD PROGRAMME ADMINISTRATION (continued)      Completed (date): \_\_\_\_\_  
By (team/person): \_\_\_\_\_

3.2 CDD programme personnel

List health staff working for CDD at national level. Mention name, title, area of responsibility, percent of working time devoted to CDD, whether they have participated in CDD Programme Manager's or Supervisory Skills training, and other relevant details.



A. NATIONAL

3. CDD PROGRAMME ADMINISTRATION (continued)

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

Major achievements	
Problems	Recommendations

A. NATIONAL

4. CDD STRATEGIES

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

4.1 Case management

Describe the national recommendations or policy and activities to promote or implement these in each of the areas listed below. Describe the activities of other programmes, units or groups, where appropriate.

Use of home fluids:

Feeding during diarrhoea:

Use of oral rehydration salts:

Use intravenous fluids, antibiotics and other drugs:

A. NATIONAL

4. CDD STRATEGIES (continued)

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

4.1 Case management (continued)

ORS Access

Give a national estimate of access to a provider of ORS. A hospital, health centre, subcentre, CHW, pharmacy, or other may be a provider of ORS but should only be considered if the staff or individual know the correct use of ORS and have supplies regularly available. Access can be defined as "living within five km or one hour travel time from a provider of ORS".

Estimated proportion of population with access to a provider of ORS:	%
---	---

Indicate how you made this estimate.

A. NATIONAL

4. CDD STRATEGIES (continued)

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

4.1 Case management (continued)

ORS Use

Give a national estimate of use of ORS. Use can be defined as "proportion of episodes of diarrhoea in children 0-4 years of age treated with ORS".

Estimated proportion of all episodes of diarrhoea in children 0-4 years that are treated with ORS:	%
---	---

Indicate how you made this estimate.

A. NATIONAL

4. CDD STRATEGIES (continued)

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

4.1 Case Management (continued)

Early treatment of diarrhoea in the home

During a child's diarrhoea episode, describe the traditional approach to intake of fluids available in the home? Are fluids usually withheld, increased or given in the same amounts as before the diarrhoea episode? Are any special fluids given as treatment or relief for the diarrhoea?

What specific fluid(s) are recommended by the national CDD programme for early treatment of diarrhoea in the home (e.g. specific home fluids, sugar and salt solution\*, ORS)

\*Describe recommended method of preparation

A. NATIONAL

4. CDD STRATEGIES (continued)

Completed (date): \_\_\_\_\_

4.1 Case Management (continued)

By (team/person): \_\_\_\_\_

Knowledge and availability of home fluids

Use results from surveys or special studies on knowledge of home fluid use and availability of ingredients. Attach relevant reports of such studies.

Estimate the proportion of households who know that home fluids should be used for diarrhoea and/or have the ingredients for fluid therapy in the home:

	Sugar/salt solution	Other home fluid <sup>a</sup>
Proportion of households knowing about use		
Proportion of households where ingredients are available		
Access rate <sup>b</sup>		

<sup>a</sup> Specify type.

<sup>b</sup> Proportion of households that know about the use of home fluids and have the ingredients.

Explain how you made these estimates.

A. NATIONAL

4. CDD STRATEGIES (continued)

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

4.1 Case management (continued)

Use of home fluids

Attach any survey/special study results which are relevant for estimating the use of home fluids.

Estimated use rate <sup>a</sup> of sugar/salt solution:	%
Estimated use rate <sup>a</sup> of other home fluid <sup>b</sup> :	%

<sup>a</sup>The use rate is the proportion of cases of diarrhoea in the 0-4 years age group receiving the specified fluid. If another kind of rate is reported (e.g. proportion of mothers who have ever used sugar/salt solution) please define this clearly.

<sup>b</sup>Specify type.

Explain how you made these estimates.

A. NATIONAL

4.2 Nutrition

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

Describe national recommendations or policy on:

Breast-feeding

Weaning foods

Describe the activities of the CDD programme in promoting or implementing these in each area.

Describe the activities of other programmes, units or groups in each area.

A. NATIONAL

4. CDD STRATEGIES (continued)

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

4.2 Nutrition (continued)

Give national estimates, if available, on proportion of 4 month old infants who are exclusively breastfed and proportion of 6 month old infants who are given proper weaning foods. If not available, give any other data that give an idea of breast-feeding and weaning practices.

A. NATIONAL

4. CDD STRATEGIES (continued) Completed (date): \_\_\_\_\_  
By (team/person): \_\_\_\_\_

4.3 Safe water

Describe national recommendations or policy on supply of safe water.

Describe the activities of the CDD programme in promoting or implementing these.

Describe the activity of other programmes, units or groups in this area.

Give a national estimate of proportion of households using a safe water supply.

Estimated proportion of households using a safe water supply:	%
--	---

Indicate how you made this estimate.

A. NATIONAL

4. CDD STRATEGIES (continued)

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

4.4 Personal and domestic hygiene

Describe national recommendations or policy on:

Hygienic excreta disposal

Handwashing

Describe the activities of the CDD programme in promoting or implementing these in each area

Describe the role and activities of other programmes, units or groups in each area

Give national estimates of the proportion of people using latrines.

Estimated proportion of population using hygienic excreta disposal methods:	%
---	---

A. NATIONAL

4. CDD STRATEGIES (continued)

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

4.5 Measles vaccine

Describe national recommendations or policy on measles vaccine.

Does the CDD programme have a role or activity in this area.

Describe the activities of the EPI programme, other programmes, units or groups in this area.

Give a national estimate of the proportion of children who have received measles vaccine.

Estimated proportion of children ___ to ___ months of age who have received measles vaccine: _____ %
---

Indicate how you made this estimate.

A. NATIONAL

4. CDD STRATEGIES (continued)

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

Major achievements	
Problems	Recommendations

A. NATIONAL

5. CDD TRAINING AND SUPERVISION

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

5.1 Programme management and supervisory skills courses

List below all programme managers courses (if any) and supervisory skills courses held in the past 5 years.

Month/year	Type of course	Place	Categories of health workers workers trained	Number trained

How many additional persons have participated in the CDD programme managers course outside of the country:

A. NATIONAL

5. CDD TRAINING AND SUPERVISION (continued) Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

5.1 Supervisory Skills (continued)

Category of worker	Year*	Doctors	Nurses	Other medical & para-medical staff
a) Estimated number currently having supervisory responsibilities**				
b) Number who have participated in WHO/CDD supervisory skills training course	up to:			
c) Estimated number currently in supervisory position, who have <u>not</u> been trained in supervisory skills				
d) Proportion of current supervisory staff trained in supervisory skills $\frac{a - c}{a} \times 100\%$				

\*Latest year for which data are available.

\*\*These will be supervisors of health care services (at regional, district, city level, etc.), health institutions (hospitals, health centres, etc.) and groups of community health workers.

---

Note below the specific titles held (e.g. District Medical Officer, Public Health Inspector, etc.) by the various categories of health care providers who are considered to have supervisory responsibilities:

Doctors:

Nurses:

Other medical & paramedical staff:

A. NATIONAL

5. CDD TRAINING AND SUPERVISION (continued) Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

5.2 Clinical training

List the courses held in diarrhoea case management or ORT during the past 5 years.

Month/year	Type of Course	Length of training* (days)	Place**	Categories of health worker trained	Number trained

\*Time devoted to diarrhoea case management and ORT only.

\*\*Indicate which courses were held in specially designated ORT training units.

A. NATIONAL

5. CDD TRAINING (continued)

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

5.2 Clinical (continued)

Category of worker	Year*	Doctors	Nurses	Other medical para-medical staff	Community level health workers
a) Estimated number currently delivering curative health care					
b) Number trained** in clinical management of diarrhoea in a unit specialized in <u>this type of training</u>	up to:				
c) Usual length (in days) of this training					
d) Number trained* in assessment of diarrhoea cases and oral rehydration therapy (in addition to b above)	up to:				
e) Usual length (in days) of this training					
f) Total number trained in treatment of diarrhoea (b + d)	up to:				
g) Estimated number currently delivering curative health care who have <u>not</u> been trained in treatment of diarrhoea					
h) Proportion of health care delivery staff trained in treatment of diarrhoea $\frac{a - g}{a} \times 100\%$					

\*Latest year for which data are available.

\*\*Staff should be considered as trained only if their training involved demonstration and/or practice in assessment and treatment of cases.

A. NATIONAL

5. CDD TRAINING AND SUPERVISION (continued)      Completed (date): \_\_\_\_\_  
By (team/person): \_\_\_\_\_

5.3 Other training activities

List below any other CDD related training activities, for example courses in laboratory techniques or epidemiology. Include here any workshops on curriculum development, programme communications, etc.

Month/year	Type of course	Length of training (days)	Place	Categories of health worker trained	Number trained

A. NATIONAL

5. CDD TRAINING AND SUPERVISION (continued)

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

5.4 Institutional training

Describe in the table below training related to CDD which is included in the curricula of different health training institutions (e.g. medical schools, nurse training schools, paramedical staff training schools).

Institution or type of institution	Categories of health worker trained	CDD in the curriculum <sup>a</sup>			
		Theory		Practical	
		Content <sup>b</sup>	Time	Content <sup>b</sup>	Time

<sup>a</sup> Attach copies of relevant sections of curricula.

<sup>b</sup> Use codes and describe in footnotes, if necessary.

A. NATIONAL

5. CDD TRAINING AND SUPERVISION (continued) Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

Major achievements	
Problems	Recommendations

A. NATIONAL

6. CDD HEALTH EDUCATION AND COMMUNICATION Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

In each of the following areas, describe key messages, audience, materials and media for health education and communication. Also, describe any evaluations of changes in knowledge, attitudes, and practice that resulted.

Case management

Nutrition

Breast-feeding

Weaning foods

Safe water

Personal & domestic hygiene

Latrines

Handwashing

Food hygiene

Measles vaccination

A. NATIONAL

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

6. CDD HEALTH EDUCATION AND COMMUNICATION (continued)

Major achievements	
Problems	Recommendations

A. NATIONAL

7. CDD LOGISTICS

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

7.1 ORS procurement 19 \_\_

Local production (commercial and government).

Company or government unit	Number of packets (A)	Packet size (B)	Litres produced (A x B)	
Total				

Importation (purchase or donation).

Source	Number of packets (A)	Packet size (B)	Litres imported (A x B)	
Total				

A. NATIONAL

7. CDD LOGISTICS (continued)

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

7.2 ORS storage

Describe location and management of central storage facility.

A. NATIONAL

7. CDD LOGISTICS (continued)

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

7.3 ORS distribution

Calculate for the past year from \_\_\_/\_\_\_ 19\_\_ to \_\_\_/\_\_\_ 19\_\_, being sure to use the same time period for all calculations.

	Packet size		Total in litre equivalents
	..... ml	..... ml	
Packets in stock at start (a)			
Packets received <sup>1</sup> (b)			
Packets in stock at end (c)			
Monthly utilization $(\frac{a + b - c}{12}) = d$			
Current stock (e)			
Projected life of current stock in months <sup>2</sup> $(\frac{e}{d})$			

<sup>1</sup>Add up number of packets received from all sources.

<sup>2</sup>Assuming current stock (e) is utilized at the monthly rate (d).

A. NATIONAL

7. CDD LOGISTICS (continued)

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

Major achievements

Problems

Recommendations

A. NATIONAL

8. CDD INFORMATION AND EVALUATION

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

8.1 Routine surveillance

Diarrhoeal disease <sup>1</sup>				Provision of services/ other indicators <sup>4</sup>
Region	Age group <sup>2</sup>	Number of cases <sup>3</sup>	Number of deaths <sup>3</sup>	
Total				

<sup>1</sup>For each of the parameters, state in footnotes the source and type of health facilities represented by the figures and comment on reliability and completeness (e.g. for completeness:  $\frac{\text{reports received}}{\text{reports expected}} \times 100$ ).

<sup>2</sup>Provide figures for 0-4 years age-group, if possible.

<sup>3</sup>In the general or communicable diseases reporting system, these may be divided into categories such as cholera, gastroenteritis, dysentery, food poisoning, typhoid and paratyphoid or grouped under the heading diarrhoeal diseases.

<sup>4</sup>Services may include patients treated with ORS, or ORS packets distributed, other indicators may include number and proportion of outpatients and inpatients with diarrhoea from health facility and hospital records.

A. NATIONAL

8. CDD INFORMATION AND EVALUATION (continued) Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

8.1 Routine surveillance (continued)

Describe the way in which routine surveillance data are used.

A. NATIONAL

8. CDD INFORMATION AND EVALUATION

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

8.2 CDD sentinel reporting system

Describe methods of reporting, analysis and feedback.

Reports received:

Region	Number of reporting sites	Number reports expected (A)	Number reports received (B)	Percent received $\frac{B}{A} \times 100$
Total				

A. NATIONAL

8. CDD INFORMATION AND EVALUATION (continued)

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

8.2 CDD sentinel reporting (continued)

State age group for each indicator.

Sentinel site	Diarrhoeal disease		Provision of services/other indicators <sup>1</sup>				
	Number of cases	Number of deaths					
Total							

<sup>1</sup>May include number and proportion of patients treated with ORT, dehydration status of patients, use of ORT before coming to health centre, amount of ORS given, use of IV fluids and drugs, and outcome of treatment. If available, details of other CDD strategies (e.g. latrines constructed, water sources protected) may be added.

A. NATIONAL

8. CDD INFORMATION AND EVALUATION (continued) Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

8.2 CDD sentinel reporting (continued)

Describe the way in which CDD sentinel reporting system data is used.

A. NATIONAL

8. CDD INFORMATION AND EVALUATION (continued)

Completed (date): \_\_\_\_\_

8.3 Special studies

By (team/person): \_\_\_\_\_

Morbidity, mortality and treatment (MMT) surveys:

Location	
Date	
Sample size	
Incidence 2-week rate (2 x SE) Annual rate (2 x SE) <sup>1</sup>	
Mortality All causes rate (2 x SE) Diarrhoea-associated rate (2 x SE) Proportion of all mortality that is diarrhoea-associated (2 x SE)	
Treatment <sup>2</sup> ORS treatment rate (2 x SE) Home fluids TR (2 x SE)	

<sup>1</sup>State whether this has been adjusted for seasonal variations in diarrhoea incidence. If possible, provide data on seasonal variation.

<sup>2</sup>Other rates may include ORT, IV fluid therapy, other drugs, traditional remedies, and/or sources of health care.

A. NATIONAL

8. CDD INFORMATION AND EVALUATION (continued)

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

8.3 Special studies (continued)

Describe uses of data from special studies.

A. NATIONAL

8. CDD INFORMATION AND EVALUATION (continued) Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

8.3 Special studies (continued)

Attach details of any other special studies that have been conducted, for example, hospital and health facility-based studies of diarrhoea treatment, behavioural studies, epidemiological studies.

A. NATIONAL

8. CDD INFORMATION AND EVALUATION

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

8.4 Morbidity and mortality

Give best estimate for the country of diarrhoeal disease morbidity and mortality, using routine and sentinel surveillance data and the results of special studies.

	Year <sup>1</sup>	Age group <sup>2</sup>	Number
Estimated total diarrhoea cases in the country			
Estimated total diarrhoea deaths in the country			

<sup>1</sup>Provide estimates for more than one year if possible.

<sup>2</sup>Provide figures for 0-4 years age group, if possible.

Describe how you made these estimates.

A. NATIONAL

8. CDD INFORMATION AND EVALUATION (continued)

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

Major achievements	
Problems	Recommendations

A. NATIONAL

9. CDD RESEARCH AND LABORATORIES

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

9.1 Research

In countries where only a moderate amount of research in diarrhoea has been undertaken, write a brief summary of projects carried out during the past five years. For each project mention the topic, principal investigator, date of completion and main findings. In countries where a large number of research projects in diarrhoea have been undertaken, try to obtain summaries of this research. In all countries describe the mechanism, if any, by which research findings can be utilized by the CDD programme and give specific examples.

A. NATIONAL

9. CDD RESEARCH AND LABORATORIES (continued)

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

9.2 Laboratories

Name*	Location*	Diagnostic services available			
		Identification of:			Antibiotic sensitivity
		Bacteria	Viruses	Parasites	

\*In countries where a large number of laboratories exist, identify the services normally available at different levels rather than specific locations.

A. NATIONAL

9. CDD RESEARCH AND LABORATORIES

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

Major achievements	
Problems	Recommendations

COMPREHENSIVE PROGRAMME REVIEW

B. REGION/DISTRICT

Region: \_\_\_\_\_

District: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

1. BACKGROUND INFORMATION

Note: This information is being collected to provide a context for your further enquiries. It may not be included in the final report.

1.1 Total area: \_\_\_\_\_

1.2 Total population (Year: \_\_\_\_\_ )

- all ages: \_\_\_\_\_

- 0-4 years: \_\_\_\_\_

- % urban: \_\_\_\_\_

- % rural: \_\_\_\_\_

- % nomadic: \_\_\_\_\_

1.3 Vital statistics (Year: \_\_\_\_\_ )

- crude birth rate: \_\_\_\_\_

- crude death rate: \_\_\_\_\_

- infant mortality rate: \_\_\_\_\_

- 0-4 mortality rate: \_\_\_\_\_

B. REGION./DISTRICT

Region: \_\_\_\_\_

District: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

1. BACKGROUND INFORMATION (continued)

1.4 Major causes of death in children

List the five main causes of death for the age groups shown in 19\_\_.

Infancy (0-11 months)		Childhood (1-4 years)	
<u>Cause</u>	<u>Reported number</u>	<u>Cause</u>	<u>Reported number</u>
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	

Comments:

B. REGION/DISTRICT

Region: \_\_\_\_\_

District: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

1. BACKGROUND INFORMATION (continued)

1.5 Health facilities

Type of facility	Number in governorate/district
Hospitals	
General	
Infectious diseases	
Other specialized	
District	
MCH clinics	
Urban health units	
Rural health hospitals	
Rural health centres	
Rural health units	

B. REGION/DISTRICT

Region: \_\_\_\_\_

District: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

1. BACKGROUND INFORMATION (continued)

1.6 Health system (continued)

Budget:

	Health Department			CDD Programme	
	Amount <sup>1</sup>	Percent <sup>2</sup>	Per Capita <sup>3</sup>	Amount <sup>1</sup>	Percent <sup>4</sup>
Last year FY <u>19</u>					
Current year FY <u>19</u>					
Next year FY <u>19</u>					

<sup>1</sup> Local currency. State US\$ current official exchange rate as a footnote.

<sup>2</sup> Percent of total government budget.

<sup>3</sup> Amount divided by total population.

<sup>4</sup> Percent of Health Department Budget.

B. REGION/DISTRICT

Region: \_\_\_\_\_

District: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

1.7 Other information

Make notes on other general information which you feel may be useful for your evaluation.

B. REGION/DISTRICT

Region: \_\_\_\_\_

District: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

2. CDD PROGRAMME PLANNING

2.1 Plan of operation

Are the regional health authorities aware of the objectives or targets of the national plan of operations for CDD?

Is a copy of the national plan available?

If regional objectives/targets/subtargets differ from the national ones, state them below.

Morbidity reduction

Mortality reduction

Access to ORT and/or ORS

Use of ORT and/or ORS

Other<sup>1</sup> \_\_\_\_\_

<sup>1</sup>Use of home fluids, breast feeding, weaning foods, safe water, latrines, handwashing, food hygiene, measles vaccine, etc.

B. REGION/DISTRICT

2. CDD PROGRAMME PLANNING (continued)

Region: \_\_\_\_\_

District: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

2.2 Schedule of activities

Attach or summarize below CDD work plans for this year and next showing activities to be conducted each month or quarter.

B. REGION/DISTRICT

3. CDD PROGRAMME ADMINISTRATION

Region: \_\_\_\_\_

District: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

3.1 Personnel

List health staff working for CDD at governorate and district level. Mention name, title, area of responsibility, percent of working time devoted to CDD, whether they have participated in CDD Programme Manager's or Supervisory Skills training, and other relevant details. If job description is available, specify CDD activities.

B. REGION/DISTRICT

3. CDD PROGRAMME ADMINISTRATION (continued)

Region: \_\_\_\_\_

District: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

3.2 CDD Budget

Describe budgetary procedure.

Complete the following table to show funds allocated under various programme budget items from government and other sources.

Budget items <sup>1</sup>	Last year FY 19__		Current year FY 19__		Next year FY 19__	
	Government	Other <sup>2</sup>	Government	Other <sup>2</sup>	Government	Other <sup>2</sup>
Total						

<sup>1</sup>Possible budget categories include: Recurrent costs - personnel, facilities, transportation, training, health education, supplies; capital costs - facilities, transportation, training and education.

<sup>2</sup>Specify source using footnotes.

B. REGION/DISTRICT

4. CDD STRATEGIES

Region: \_\_\_\_\_

District: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

4.1 Case management

Are the national recommendations or policy on case management understood and followed? In each area listed below, describe any deviations from these. Also describe the activities of the CDD programme at this level in implementing the recommendations and policy.

Use of home fluids

Feeding

Use of oral rehydration salts

Intravenous fluids

Antibiotics

Other drugs

B. REGION/DISTRICT

4. CDD STRATEGIES (continued)

Region: \_\_\_\_\_

District: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

4.1 Case management (continued)

ORS Access

Give a regional estimate of access to a provider of ORS. A hospital, health centre, subcentre, CHW, pharmacy, or other may be a provider of ORS but should only be considered if the staff or individual know the correct use of ORS and have supplies regularly available. Access can be defined as "living within five km or one hour travel time from a provider of ORS".

Estimated proportion of population with access to a provider of ORS:
---

%

Indicate how this estimate was made.

B. REGIONAL

4. CDD STRATEGIES (continued)

Region: \_\_\_\_\_

District: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

4.1 Case management (continued)

ORS Use

Give a regional estimate of use of ORS. Use can be defined as "proportion of episodes of diarrhoea in children 0-4 years of age treated with ORS".

Estimated proportion of all episodes of diarrhoea in children 0-4 years that are treated with ORS:	%
---	---

Indicate how this estimate was made.

B. REGION/DISTRICT

4. CDD STRATEGIES (continued)

Region: \_\_\_\_\_

District: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

4.1 Case Management (continued)

Early treatment of diarrhoea in the home

During a child's diarrhoea episode, describe the traditional approach to intake of fluids available in the home?

B. REGION/DISTRICT

4. CDD STRATEGIES (continued)

Region: \_\_\_\_\_

District: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

4.1 Case Management (continued)

Knowledge and availability of home fluids

Use results from surveys or special studies on knowledge of home fluid use and availability of ingredients. Attach relevant reports of such studies.

Estimate the proportion of households who know that home fluids should be used for diarrhoea and/or have the ingredients for fluid therapy in the home:

	Sugar/salt solution	Other home fluid <sup>a</sup>
Proportion of households knowing about use		
Proportion of households where ingredients are available		
Access rate <sup>b</sup>		

<sup>a</sup> Specify type .

<sup>b</sup> Proportion of households that know about the use of home fluids and have the ingredients.

Explain how you made these estimates.

B. REGION/DISTRICT

Region: \_\_\_\_\_

District: \_\_\_\_\_

4. CDD STRATEGIES (continued)

Completed (date): \_\_\_\_\_

4.1 Case management (continued)

By (team/person): \_\_\_\_\_

Use of home fluids

Attach any survey/special study results which are relevant for estimating the use of home fluids.

Estimated use rate <sup>a</sup> of sugar/salt solution:	%
Estimated use rate <sup>a</sup> of other home fluid <sup>b</sup> :	%

<sup>a</sup> The use rate is the proportion of cases of diarrhoea in the 0-4 years age group receiving the specified fluid. If another kind of rate is reported (e.g. proportion of mothers who have ever used sugar/salt solution) please define this clearly.

<sup>b</sup> Specify type.

Explain how you made these estimates.

B. REGION/DISTRICT

4.2 Nutrition

Region: \_\_\_\_\_

District: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

Describe the activities of the health services at this level in promoting:

Breast-feeding

Appropriate weaning practices

Give estimates, if available, for the governorate/district of the proportion of 4 month old infants who are exclusively breastfed and the proportion of 6 month old infants who are given proper weaning foods. If not available, give any other data on breast-feeding and weaning practices.

Indicate how these estimates were made.

B. REGION/DISTRICT

4. CDD STRATEGIES (continued)

Region: \_\_\_\_\_

District: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

4.3. Use of safe water

Describe the activities of the health services at this level in promoting the use of safe water.

Give an estimate for the governorate/district of proportion of households using a safe water supply.

Estimated proportion of households using a safe water supply:	%
---	---

Indicate how this estimate was made.

B. REGION/DISTRICT

4. CDD STRATEGIES (continued)

Region: \_\_\_\_\_

District: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

4.4 Personal and domestic hygiene

Describe the activities of the CDD programme at this level in promoting:

Hygienic excreta disposal

Handwashing

Give estimates for the governorate/district of the proportion of people using hygienic excreta disposal methods.

Estimated proportion of population using hygienic excreta disposal methods	%
---	---

Indicate how these estimates were made.

B. REGION/DISTRICT

4. CDD STRATEGIES (continued)

Region: \_\_\_\_\_

District: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

4.5 Measles vaccine

Describe the activities of the EPI programme, other programmes, units or groups in this area.

Give an estimate for the governorate/district of the proportion of children who have received measles vaccine.

Estimated proportion of children ___ to ___ months of age* who have received measles vaccine:	%
--	---

Indicate how this estimate was made.

\* Preferably 12-24 months of age.

B. REGION/DISTRICT

5. CDD TRAINING AND SUPERVISION

Region: \_\_\_\_\_

District: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

5.1 Training

List all CDD training courses given in the governorate/district in the past 2 years.

Month/year	Type of course	Length of training* (days)	Place**	Categories of health worker trained	Number trained

\*Time devoted to diarrhoea case management and ORT only.

\*\*Indicate which courses were held in specially designated ORT training units.

B. REGION/DISTRICT

5. CDD TRAINING AND SUPERVISION (continued)

Region: \_\_\_\_\_

District: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

5.2 Supervision

Supervisory visits may have been made from a more central administrative level to this level and/or from this administrative level to more peripheral level. Describe supervisory visits of the past year.

Date or frequency	Location		Made by:	CDD related Purpose:	Use of Checklist Yes/No
	From:	To:			

B. REGION/DISTRICT

6. CDD HEALTH EDUCATION AND COMMUNICATION

Region: \_\_\_\_\_

District: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

In each of the following areas, describe key messages, audience, materials and media for health education and communication. Also, describe results of any evaluations of changes in knowledge, attitudes, and practice.

Only describe activities specific to this governorate/district. Do not describe components of national programmes.

Case management

Nutrition

Breast-feeding

Weaning foods

Use of Safe water

Personal & domestic hygiene

Excreta disposal

Handwashing

Food hygiene

Measles vaccination

B. REGION/DISTRICT

7. CDD LOGISTICS

Region: \_\_\_\_\_

District: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

7.1 ORS supply and distribution

Calculate for the past year from \_\_\_/\_\_\_ 19\_\_ to \_\_\_/\_\_\_ 19\_\_, being sure to use the same time period for all calculations:

	Packet size		Total litres
	..... ml	..... ml	
Packets in stock at start (a)	....	....	
Packets received <sup>1</sup> (b)	....	....	
Packets in stock at end (c)	....	....	
Monthly utilization (a + b - c) = (d) 12	....	....	
Current stock (e)			
Projected life of current stock in months <sup>2</sup> (e) d	.....	.....	

<sup>1</sup>Add up number of packets received from all sources.

<sup>2</sup>Assuming current stock (e) is utilized at the same monthly rate (d) as during the previous year.

7.2 Have there been shortages or other problems with ORS supply and distribution during the past year? If yes, describe.

7.3 ORS storage

Is the ORS in stock stored appropriately and in good condition?  
If not, describe:

B. REGION/DISTRICT

8. CDD INFORMATION AND EVALUATION

Region: \_\_\_\_\_

District: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

8.1 Routine information system

Record data for the year 1 June 1984 to 31 May 1985. If these are not available, state the time period for which data are recorded. Comment on accuracy and completeness.

Record data for 0-4 years age group. If these are not available, state the age-group for which data are recorded.

Time period:

Age Group:

	Inpatients (if applicable)	Outpatients
a. Total cases (all causes)		
b. Diarrhoea cases		
c. Per cent diarrhoea cases ( $\frac{b}{a} \times 100$ )		
d. Cases treated with ORS		
e. Cases treated with IV fluids		
f. Diarrhoea-associated deaths		

If further information is readily available (e.g. data for more than one age group, attendance figures for diarrhoea by month) attach additional pages.

Attach data from CDD sentinel reporting system, if available.

B. REGION/DISTRICT

8. CDD INFORMATION AND EVALUATION (continued)

Region: \_\_\_\_\_

District: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

8.1 Routine surveillance (continued)

Describe the ways in which routine surveillance data are used.

B. REGION/DISTRICT

8. CDD INFORMATION AND EVALUATION (continued)

Region: \_\_\_\_\_

District: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

8.2 Special studies

Attach details of any special studies that have been conducted, for example, hospital and health facility-based studies of diarrhoea treatment, behavioural studies, epidemiological studies.

Only collect data on studies not covered by national level reports.

B. REGION/DISTRICT

Region: \_\_\_\_\_

District: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

9. LABORATORY SUPPORT

This topic should be covered in A.9 NATIONAL - CDD RESEARCH AND LABORATORIES. If any research projects or laboratory capability was omitted from A.9, include it here.

Briefly describe routinely available laboratory diagnostic capabilities for diarrhoeal diseases. Attach compiled data on results of testing of stool specimens, if available.

B. REGION/DISTRICT

Region: \_\_\_\_\_

District: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

Persons contacted:

Name

Title or post

Notes concerning follow-up (e.g. useful contacts or references not available during visit, points to clarify at national level, etc.)

B. REGION/DISTRICT

Region: \_\_\_\_\_

District: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

<p>Major achievements</p>	
<p>Problems</p>	<p>Recommendations</p>

B. REGION/DISTRICT

Region: \_\_\_\_\_

District: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

Major achievements

Problems

Recommendations

COMPREHENSIVE PROGRAMME REVIEW

C. HEALTH FACILITY

Region: \_\_\_\_\_

District: \_\_\_\_\_

Health facility: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

1. BACKGROUND

Briefly describe the facility and its staff.

Briefly describe the other health facilities and health care providers in this area, if any.

2. POPULATION SERVED

Total population for which the health facility is responsible for providing services.

Proportion of this population with "reasonable access" to the facility.

Define "reasonable access".

C. HEALTH FACILITY

Region: \_\_\_\_\_

District: \_\_\_\_\_

Health facility: \_\_\_\_\_

Completed (date) \_\_\_\_\_

By (team/person): \_\_\_\_\_

3. CDD ADMINISTRATION

Personnel who manage children with diarrhoeal disease and/or implement or promote other CDD strategies (breast feeding, weaning foods, safe water, excreta disposal handwashing, food hygiene, measles vaccination).

<u>Name</u>	<u>Title</u>	<u>Responsibility</u>	<u>Percent time</u>
-------------	--------------	-----------------------	---------------------

C. HEALTH FACILITY

Region: \_\_\_\_\_

District: \_\_\_\_\_

Health facility: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

4. CDD STRATEGIES

4.1 Case management

4.1.1 OBSERVE the management of a case of diarrhoea and record the following:

	<u>Yes</u>	<u>No</u>
Was dehydration status assessed correctly?	_____	_____
Was treatment consistent with dehydration status?	_____	_____
Was ORS properly prepared?	_____	_____
Was ORS properly given?	_____	_____
Was the child to be reassessed after 4-6 hours?	_____	_____
Was mother properly informed about continuation of therapy?	_____	_____
Was mother properly informed about what to do for the next episode of diarrhoea (i.e., give more fluids, continue feeding and watch for signs of dehydration)?	_____	_____
What recommendations on diet management were given?		

What information on diarrhoea prevention was given?

C. HEALTH FACILITY

Region: \_\_\_\_\_

District: \_\_\_\_\_

Health facility: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

4. CDD STRATEGIES (continued)

4.1 Case management (continued)

4.1.2 IF YOU ARE UNABLE TO OBSERVE a case of diarrhoea being treated:

First, ask the following 2 open questions.

Encourage the respondent to provide details, but do not prompt about specific aspects of assessment or types of treatment. Record the main points, whether appropriate or not, of the response.

If a child is brought with the complaint that he or she has diarrhoea, how do you assess the patient?

How do you treat a child with diarrhoea?

Second, ask the following specific questions. Do not modify the answers to the two open-ended questions above.

What are the symptoms and signs of dehydration?

When do you use ORS?

How much ORS do you give to a 2-year-old child with moderate dehydration during the first 4-6 hours of treatment?

C. HEALTH FACILITY

Region: \_\_\_\_\_

District: \_\_\_\_\_

Health facility: \_\_\_\_\_

4. CDD STRATEGIES (continued)

Completed (date): \_\_\_\_\_

4.1 Case management (continued)

By (team/person): \_\_\_\_\_

When do you think an intravenous infusion is necessary?

When should other drugs/remedies be given?

Indication

Type

Dose

What do you tell mothers about continuing oral rehydration therapy after they leave the health facility?

What do you tell mothers about the following during diarrhoea:

breast feeding

other fluids

solid foods

What do you tell mothers about treating future episodes of diarrhoea at home?

What do you tell mothers about preventing diarrhoea?

C. HEALTH FACILITY

Region: \_\_\_\_\_

District: \_\_\_\_\_

Health facility: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

4. CDD STRATEGIES (continued)

4.1 Case management (continued)

4.1.3 Ask the health worker to demonstrate the mixing of ORS (if not already observed as part of the treatment of a case).

Correct

Incorrect

If incorrect, why?

4.1.4 Reviewer's overall assessment:

Health worker: observed and questioned \_\_\_ or questioned only \_\_\_.

Can the health worker:	Well	Acceptably <sup>1</sup>	Poorly
Assess a child with diarrhoea?			
Select appropriate treatment?			
Prepare and give ORS?			
Advise the mother?			

<sup>1</sup>With no real danger to the patient, but not well.

4.1.5 Are written guidelines (e.g. manual or wall chart) on the treatment of diarrhoea:

Yes

No

Available?

Conveniently displayed?

Adequate?

C. HEALTH FACILITY

Region: \_\_\_\_\_

District: \_\_\_\_\_

Health facility: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

4. CDD STRATEGIES (continued)

4.1 Case Management

4.1.6 Describe any health education activities conducted by health workers in relation to diarrhoea case management other than advice given during treatment of individual cases.

C. HEALTH FACILITY

Region: \_\_\_\_\_  
 District: \_\_\_\_\_  
 Health facility: \_\_\_\_\_  
 Completed (date): \_\_\_\_\_  
 By (team/person): \_\_\_\_\_

4. CDD STRATEGIES (continued)

4.1 Case management (continued)

4.1.7 From available case records (clinic cards or daily register) randomly select 20 cases of diarrhoea of less than 5 years of age from the past \_\_\_\_\* weeks and complete as much as possible of the following table. Leave blank if data not available.

Case	Age	Dehydration status	Given ORT before attendance Yes/No	Given ORS at facility Yes/No	Given I/V at facility Yes/No	At health facility: Given antibiotics? Yes/No 1. indicated 2. not indicated 3. records unclear	Given "anti diarrhoeal" drug/ remedy? If yes, specify name or type.
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
Total			Yes:	Yes:	Yes:		

\*Use records for the number of weeks agreed upon during the planning of the review or for the maximum number (up to 1 year) for which good records are available.

C. HEALTH FACILITY

Region: \_\_\_\_\_

District: \_\_\_\_\_

Health facility: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

4. CDD STRATEGIES (continued)

4.2. Nutrition

Determine by observation or interview what activities are conducted by health workers to promote breast feeding and/or proper weaning foods.

Observation [    ]

Interview [    ]

4.3 Use of safe water

Determine by observation or interview what activities are conducted by health workers in the protection of water sources, water chlorination, provision and repair of pumps, and/or water supply inspection.

Observation [    ]

Interview [    ]

C. HEALTH FACILITY

Region: \_\_\_\_\_

District: \_\_\_\_\_

Health facility: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

4. CDD STRATEGIES (continued)

4.4 Personal and domestic hygiene

Determine by observation or interview what activities are conducted by health workers in promotion and inspection of excreta disposal and promotion of handwashing.

Observation [    ]

Interview [    ]

4.5 Measles vaccine

Determine by observation or interview what activities are conducted by health workers in immunization of children against measles.

Observation [    ]

Interview [    ]

What is the target age-group for measles vaccination: \_\_\_\_\_ to \_\_\_\_\_ months?

C. HEALTH FACILITY

Region: \_\_\_\_\_

District: \_\_\_\_\_

Health facility: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

5. CDD TRAINING AND SUPERVISION

5.1 Training

List all CDD training courses attended by the workers of this facility in the past two years.

Category of health worker	Year	Location	Type of course

C. HEALTH FACILITY

Region: \_\_\_\_\_

District: \_\_\_\_\_

Health facility: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

5. CDD TRAINING AND SUPERVISION (continued)

5.2 Supervision

Describe supervisory visits made to this facility or by staff of this facility during the past year.

Date or frequency	Location*		Made by:	CDD Content	Use of checklist Yes /No
	From:	To:			

\* Indicate whether the visit was from a higher administrative level to the health facility or from the health facility to a more peripheral level.

C. HEALTH FACILITY

Region: \_\_\_\_\_

District: \_\_\_\_\_

Health facility: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

6. HEALTH EDUCATION

Health education activities in relation to the CDD strategies should have been described in sections 4.1 to 4.4.

Describe briefly health education materials which are available, covering these strategies.

C. HEALTH FACILITY

Region: \_\_\_\_\_

District: \_\_\_\_\_

Health facility: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

7. CDD LOGISTICS (continued)

7.1 ORS supply and distribution

Calculate for the past year from \_\_\_\_\_, 19\_\_ to \_\_\_\_\_, 19\_\_, being sure to use the same time period for all calculations.

	Number of packets	Packet size	Total in litre equivalents
Packets in stock at start (a)			
Packets received <sup>1</sup> (b)			
Packets in stock at end (c)			
Monthly use $\frac{(a + b - c)}{12} = d$			
Current stock (e)			
Projected life of current stock in months <sup>2</sup> $\frac{(e)}{d}$			

<sup>1</sup>Add up number of packets received from all sources.

<sup>2</sup>Assuming current stock (e) is utilized at the same monthly rate (d) as during the previous year.

7.2 Have there been shortages or other problems with ORS supply and distribution during the past year? If yes, describe.

7.3 ORS storage

Is the ORS in stock stored appropriately and in good condition?  
If not, describe:

C. HEALTH FACILITY

Region: \_\_\_\_\_

District: \_\_\_\_\_

Health facility: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

8. CDD INFORMATION SYSTEM

8.1 Record data for the year 1 June 1984 to 31 May 1985. If these are not available, state the time period for which data are recorded.

Record data for 0-4 years age group. If these are not available, state the age-group for which data are recorded.

Time period:

Age Group:

	Inpatients (if applicable)	Outpatients
a. Total cases (all causes)		
b. Diarrhoea cases		
c. Per cent diarrhoea cases ( $b/a \times 100$ )		
d. Cases treated with ORS		
e. Cases treated with IV fluids		
f. Diarrhoea-associated deaths		

If further information is readily available (e.g. data for more than one age group, attendance figures for diarrhoea by month) attach additional pages.

Attach detailed information if this is a CDD sentinel reporting site.

C. HEALTH FACILITY

Region: \_\_\_\_\_

District: \_\_\_\_\_

Health facility: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

8. CDD INFORMATION SYSTEM

8.2 Comment briefly on the quality of records (legibility, accuracy, completeness, etc.).

8.3 How is the information collected used by the health facility?

C. HEALTH FACILITY

Region: \_\_\_\_\_

District: \_\_\_\_\_

Health facility: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

9. CDD RESEARCH AND LABORATORIES

9.1 Research

Attach details of any special research study undertaken by staff of this health facility.

9.2 Laboratory

Does this facility have a laboratory with the following capacities?

	<u>Yes</u>	<u>No</u>
Bacterial culture <sup>a</sup> :	_____	_____
Stool parasite examination:	_____	_____
Serum electrolyte measurement:	_____	_____
Other (specify):		

<sup>a</sup> If yes, for which pathogens?

C. HEALTH FACILITY

Region: \_\_\_\_\_

District: \_\_\_\_\_

Health facility: \_\_\_\_\_

Completed(date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

<p>Major achievements</p>	
<p>Problems</p>	<p>Recommendations</p>

C. HEALTH FACILITY

Region: \_\_\_\_\_

District: \_\_\_\_\_

Health facility: \_\_\_\_\_

Completed(date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

Persons contacted:

Notes concerning follow-up (useful contacts of references not available during visit, points to clarify at regional level, etc.)

COMPREHENSIVE PROGRAMME REVIEW

D. COMMUNITY HEALTH WORKER (CHW)

Region: \_\_\_\_\_

District: \_\_\_\_\_

CHW: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

Explain why and how this community health worker was selected for review.

\* \* \*

1. BACKGROUND

1.1 General

Briefly describe the area in which this CHW works and the population which he or she serves.

D. CHW

Region: \_\_\_\_\_

District: \_\_\_\_\_

CHW: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

1. BACKGROUND (continued)

1.2 Health system

If there is a dispensary or health post in the area covered by the CHW, describe briefly.

Describe the selection process, qualifications, training, responsibilities, time and salary of the CHW.

Briefly describe the other health facilities and health care providers in this area.

To where, and how, does the CHW make referrals?

D. CHW

Region: \_\_\_\_\_

District: \_\_\_\_\_

CHW: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

2. CDD PLANNING

Does the CHW have any monthly or yearly targets for CDD-related activities? Yes/No

If yes, state them.

D. CHW

Region: \_\_\_\_\_

District: \_\_\_\_\_

CHW: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

3. CDD ADMINISTRATION

Omit at this level.

4. CDD STRATEGIES

4.1 Case management

First, ask the following two open-ended questions. Encourage the CHW to provide details, but do not prompt about specific aspects of assessment or types of treatment. Record the main points of the response, whether they are appropriate or not.

If a child is brought to you with the complaint that he or she has diarrhoea, how do you assess the patient?

How do you treat a child with diarrhoea?

Second, ask the following specific questions. Do not modify the answers to the two open-ended questions above.

What are the symptoms and signs of dehydration?

D. CHW

Region: \_\_\_\_\_

District: \_\_\_\_\_

CHW: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

4. CDD STRATEGIES (continued)

4.1 Case management (continued)

When do you use ORS?

Ask the CHW to prepare ORS solution. Note any errors in method.

How much ORS do you give to a 2-year-old child with some signs of dehydration during the first 4-6 hours of treatment?

When do you refer diarrhoea cases to a health centre or hospital?

When should other medicine be given?

Indication

Type

Dose

What do you tell mothers about continuing the treatment?

D. CHW

Region: \_\_\_\_\_  
District: \_\_\_\_\_  
CHW: \_\_\_\_\_  
Completed (date): \_\_\_\_\_  
By (team/person): \_\_\_\_\_

4. CDD STRATEGIES (continued)

4.1 Case management (continued)

What do you tell mothers about the following, during diarrhoea:

breast feeding

other fluids

solid foods

What do you tell mothers about treating future episodes of diarrhoea at home?

What do you tell mothers about preventing diarrhoea?

Reviewer's overall assessment:

Can the CHW:	<u>Well</u>	<u>Acceptably</u> <sup>1</sup>	<u>Poorly</u>
Assess a child with diarrhoea			
Select appropriate treatment			
Prepare and give ORS			
Advise the mother			

<sup>1</sup>With no real danger to the patient, but not well.

Are written guidelines (e.g. manual or wall chart) on the treatment of diarrhoea:

Available?

Conveniently displayed?

Adequate?

<u>Yes</u>	<u>No</u>

D. CHW

Region: \_\_\_\_\_

District: \_\_\_\_\_

CHW: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

4. CDD STRATEGIES (continued)

4.2. Other CDD strategies

Describe specific activities of the CHW, if any, in each of the following areas:

Breast feeding

Weaning foods

Safe water

Handwashing

Measles Vaccination

D. CHW

Region: \_\_\_\_\_

District: \_\_\_\_\_

CHW: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

5. CDD TRAINING AND SUPERVISION

5.1 Training

Describe the CHW's training in CDD, both pre-service and in-service.

5.2 Supervision

Describe supervisory visits made to this CHW during the past year that involved CDD activities (among other activities).

Date	Made by:	Content	Use of checklist	
			Yes	No

D. CHW

Region: \_\_\_\_\_

District: \_\_\_\_\_

CHW: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

6. CDD LOGISTICS

For the first three questions, use the maximum number of months, up to one year, for which information is available. If no records are available, make an estimate for 12 months (one year).

For the \_\_\_\_\_ months between \_\_\_\_\_, 19\_\_\_\_ and \_\_\_\_\_, 19\_\_\_\_:  
number month year month year

How many ORS packets did the CHW receive?

How many ORS packets did the CHW use?

How many ORS packets spoiled?

How many ORS packets does the CHW have in stock now?

How long will the current stock of ORS packets last (if no new ORS packets are received)?

Has the CHW experienced any problems with ORS packets supply or use?

D. CHW

Region: \_\_\_\_\_

District: \_\_\_\_\_

CHW: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

7. CDD INFORMATION AND EVALUATION

Use the maximum number of months, up to one year, for which information is available. If no records are available, make an estimate for 12 months (one year).

For the \_\_\_\_\_ months between \_\_\_\_\_, 19\_\_\_\_ and \_\_\_\_\_, 19\_\_\_\_:  
number month year month year

All children 0-4 years seen	_____
Children 0-4 years with diarrhoea	_____
Treated with ORS	_____
Referred to health centre or hospital	_____
Deaths	_____
All older children and adults seen	_____
Older children and adults with diarrhoea	_____
Treated with ORS	_____
Referred to health centre or hospital	_____
Deaths	_____

In the experience of the CHW, of the children who get diarrhoea in this area, how many come to him or her for treatment, how many go elsewhere for treatment, and how many get no treatment?

D. CHW

Region: \_\_\_\_\_

District: \_\_\_\_\_

CHW: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

Major achievements

Problems

Recommendations

## COMPREHENSIVE PROGRAMME REVIEW

### E. HOUSEHOLD LEVEL

As explained in the guidelines for conducting a Comprehensive Programme Review, the primary purpose of the household level interviews is to allow review team members an opportunity to discuss diarrhoea and its treatment with community members. It is not intended to obtain precise estimates of rates. The derived figures may, however, serve to support the more qualitative findings from the interviews. With this in mind, the questionnaire need not be designed with the same rigor that might apply in a research study or survey designed to obtain quantified estimates.

Questions should focus on a few aspects of community understanding and practices with respect to diarrhoea, with emphasis on the way diarrhoea is managed in the home. Although it is preferable to ask about treatment with reference to a recent episode of diarrhoea, it may not be possible to find sufficient recent cases in the time available. Thus, it may be necessary to word questions more generally even if this lessens the validity of responses.

The following is one example of a questionnaire of this kind. It is followed by examples of alternative or additional questions. They may be adapted/supplemented in any way to construct a questionnaire suited to the programme under review.

E. HOUSEHOLD

1. Do you know what this is used for? (Show ORS packet and record exact response.)

2. Do you use it?

3. If the respondent does not use ORS, why not?

4. Do you know how to prepare a solution using this packet?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. If "yes": please show us how to prepare it.

Correct \_\_\_\_\_ Incorrect \_\_\_\_\_

If "incorrect", specify why.

6. If your child became seriously ill with diarrhoea, where would you take him/her?

7. When a child has diarrhoea, what are the signs that would make you take him/her to a health facility or doctor for treatment?

8. When a child has diarrhoea, what do you do about feeding and fluids?  
Use table only to categorize responses.

	Stop	Decrease	Continue as usual	Increase	Not mentioned
Breast feeding					
Bottle feeding					
Other fluids					
Solid foods					

9. Enquire about the source(s) of the respondent's knowledge about diarrhoea case management.

E. HOUSEHOLD

ALTERNATIVE/ADDITIONAL QUESTIONS:

1. What treatment did your child receive the last time he/she had diarrhoea?  
Use table to record responses.

	Yes	No	Source
Home fluids	_____	_____	_____
ORS	_____	_____	_____
Intravenous fluid	_____	_____	_____
Drugs/medicines	_____	_____	_____
Other	_____	_____	_____

2. The last time your child had diarrhoea what did you do about breast feeding/other fluids?

	Stop	Decrease	Increase	No change
Breast feeding	_____	_____	_____	_____
Other fluids	_____	_____	_____	_____

If fluids were increased, what fluids?

3. Similar questions to those in 2. may be asked about solid foods.

4. For respondents who claim to use ORS (especially if asked in relation to a recent diarrhoea episode) you may ask:

- on what day of the illness did you start ORS?
- for how many days did you give ORS?
- in total, how many packets of ORS did you use?

E. HOUSEHOLD

5. The last time your child had diarrhoea:

- where did you go for treatment?
- how much did you pay?

	First place	Second place
Place		
Cost of services		
Cost of other drugs/medicines		
Cost of ORS (if used)		

6. What do you think causes diarrhoea?

7. How do you think diarrhoea can be prevented?

8. Is diarrhoea a serious health problem in your village?  
Why (not)?

9. Where/from whom did you learn about diarrhoea and its treatment?



F. PRIVATE PHARMACISTS/DRUG SELLERS

Region: \_\_\_\_\_

District: \_\_\_\_\_

Town/Village: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

4. In a case of childhood diarrhoea, what are the indications for using:

- ORS:
- IV fluids:
- Antibiotics:

5. What IV fluids do you most commonly sell for a child with diarrhoea?  
(List up to 3.)

F. PRIVATE PHARMACISTS/DRUG SELLERS

Region: \_\_\_\_\_

District: \_\_\_\_\_

Town/Village: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

6. Ask: "Do you give advice to mothers of children with diarrhoea concerning feeding and fluids?"

If so, what information do you give?

Use table only to categorize responses

	Stop	Decrease	Continue as usual	Increase	No advice
Breast feeding					
Bottle feeding					
Other fluids					
Solid foods					

7. How much ORS do you have in stock now?

8. How do you receive supplies of ORS? When do you reorder ORS?

9. Have you experienced any problems in ORS supply?

10. Where did you get your information about diarrhoea case management?

COMPREHENSIVE PROGRAMME REVIEW

G. PRIVATE MEDICAL PRACTITIONERS/HEALERS

Region: \_\_\_\_\_

District: \_\_\_\_\_

Town/Village: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

1. Type of practice.
  
2. Do you also work in government service?
  
3. Have you attended any training course on diarrhoea case management?  
(If yes, describe.)
  
4. What is the usual line of management you undertake for a case of watery diarrhoea in a child less than 5 years of age?
  
5. What drugs/remedies do you most commonly prescribe for a child with watery diarrhoea? (List up to 3.)
  
6. Estimate the number of cases of diarrhoea treated by you in your private practice in the month of ..... (diarrhoea season).
  
7. Estimate the proportion of these cases that were less than 5 years of age.

