|  |  |  |  |
| --- | --- | --- | --- |
| Monitor name: |  | Age: |  |
| Ward: |  | # of children <5: |  |
| Beneficiary name: |  | # children>5: |  |

**QUESTIONS:**

1. Number of new disease cases in last week:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Diarrhoea | | | | Cough or cold (RI) | | | | | Pneumonia (ARI) | | | | Skin disease | | | |
| M Adult | F Adult | Boy < 5 yrs | Girl < 5 yrs | | M Adult | F Adult | Boy < 5 yrs | Girl < 5 yrs | M Adult | F Adult | Boy < 5 yrs | Girl < 5 yrs | M Adult | F Adult | Boy < 5 yrs | Girl < 5 yrs |
|  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |
| Did they attend the health facility?  If no why not? | | | | | | | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 2. Have you received any hand washing messages in the past week? | Yes | |  |
| No (Skip to question 5) | |  |
| 3. If yes, from who? |  | | |
| 4. If yes, what were the messages? |  | | |
| 5. Have you heard of Mum’s Magic Hands? | Yes | |  |
| No (skip to question 9) | |  |
| 6. How have you been exposed to the Mum’s Magic Hands program?  (Select **ALL** that apply) | Participated in group session | |  |
| Friend | |  |
| Poster | |  |
| Stickers at hand washing facility | |  |
| Footsteps at public latrine | |  |
| Mirror at public latrine | |  |
| Stickers at household level | |  |
| 7. What is/are the main message(s) of Magic Hands?  Select all that the respondent mentions. | Wash hands with soap before eating | |  |
| Wash hands with soap before cooking | |  |
| Wash hands with soap before feeding children | |  |
| Wash hands with soap after using the toilet | |  |
| Wash hands with soap after cleaning child faeces | |  |
| Ensuring children develop good habits for future success | |  |
| Ensuring children wash hands with soap at 2 key times | |  |
| Other (please explain) | |  |
| 8. Additional comments about Magic Hands program? (positive or negative) |  | | |
| **OBSERVATION:** The following questions are for observation only C:\Users\ssagan\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\ZW85BA8D\eyes-149670_640[1].png | | | |
| 9. Does the household have a facility for hand washing at the household level? | | Yes |  |
| No (go to question 12) |  |
| 10. Is water present? | | Yes |  |
| No |  |
| 11. Is soap present? | | Yes |  |
| No |  |
| 12. Is facility being used? i.e. ground wet or presence of water on ground | | Yes |  |
| No |  |